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ABSTRACT

Focused on early childhood development, this "UNICEF Intercom" asserts that developmental programs should aim to give children a fair chance at growth beyond survival. First presented are moral, scientific, social equity, economic, population, and programatic arguments for looking beyond the fundamental objective of saving young lives. Supplemental articles concerning Vietnam, China, rural Africa, and other countries, recount recent UNICEF efforts in this field, enumerate types of child development approaches, examine the importance of educating parents, analyze CHILD-to-child programs, and look at how children are cared for in some countries while their mothers are at work. Additional materials concern the opening of the International Child Development Center in Florence, Italy, a field visit to Bangladesh after the floods, immunization in the Dominican Republic, statistics concerning relationships between national health and wealth, medical education, communication and visual literacy in Kathmandu (Nepal), development education, new publications, fund-raising with Spider-Man, and a special event marking United Nations Day in Barbados. (RH)

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FOCUS: EARLY CHILDHOOD DEVELOPMENT

Why we need to go beyond child survival

There is increasing need and reason to invest in efforts to give children a fair chance at growth as well as survival. ROBERT MYERS, Co-ordinator of the Inter-agency Consultative Group on Early Childhood Care and Development based in UNICEF New York, presents moral, scientific, social equity, economic, population and programmatic arguments for looking beyond just saving young lives. Other articles in this issue recount recent UNICEF efforts in this field, enumerate the types of child development approaches, examine the importance of educating parents, analyse CHILD-to-child programmes, and look at how children are cared for in some countries while their mothers are at work. Unless otherwise indicated, these articles are based largely on papers by Mr. Myers.

Day care is one way to ensure a good start in life. (ICEF/8274/Wolff)

Five out of every six babies in developing countries lived beyond age one in 1960. Today 11 out of 12 survive and, by the year 2000, 19 out of 20 will see their first birthday. The circumstances that put them at risk of death, nevertheless, continue to put most of these survivors at risk of debilitated or delayed growth and development, with serious long-term consequences. More has to be done for 'the 11 who survive'. Such simple demographic facts and figures, however, make up only one reason to go beyond survival. There are six other arguments for child development:

· **The moral argument:** Children have a right to be able to develop to their full potential. Allowing disability and arrested development to occur at a high rate in young children when most of it could be prevented violates that basic right. Moreover, children are dependent on others for their rights, and there is, therefore, an obligation to help them. For many people, this moral position provides the most fundamental and convincing reason to invest in programmes to enhance early childhood development.

· **The scientific argument:** Evidence from the fields of physiology, nutrition and psychology indicates that the early years are critical in the formation of of intelligence, personality and social behaviour. Furthermore, as children grow older, the negative effects of early neglect can accumulate. This evidence is based on the discovery that brain cells are formed during the first two years of life and that sensory stimulation from the environment is responsible for the structured organization for complex perceptual and

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motor experiences at an early age. These enhance various learning abilities in later life and compensate, at least in part, for the deficit associated with early malnutrition. Recent research demonstrates that children whose mothers interact with them in consistent, caring ways will be better nourished and less apt to be sick than children not so attached.

• **The social-equity argument:** Exceptionally stressful conditions that inhibit a healthy and comprehensive development in the early years affect the poor more than the rich, reinforcing social inequities. Therefore, poor children often fall quickly and progressively behind their more advantaged peers and stay there. Also, boys have traditionally outpaced girls in education, in part because girls are not equally prepared upon entering school. That discrimination begins with gender-linked disparities in the patterns and practices of early development, and needs to be corrected.

• **The economic argument:** Investments in health, nutrition and stimulation early in life bring a high return because they increase productivity in later years. Moreover, preventive programmes can produce savings by reducing, for instance, the later need for expensive health care or by improving the efficiency of educational systems through reductions in drop-out, repetition and remedial programmes. Child-care programmes also offer the possibility of facilitating and/or improving labour force participation by women and freeing older siblings to learn and earn as well.

• **The population argument:** The link between fertility rates and educational levels suggests that efforts to improve the educational level of women, including better preparation for school, will have an inter-generational effect on fertility. In developing countries, where generations are relatively short, an inter-generational impact will be felt early. To the extent that early childhood development programmes increase girls' attendance and performance in school, they can also have an inter-generational effect on fertility rates.

• **The programmatic argument:** The effectiveness of health and nutrition programmes can be increased by combining them with early childhood stimulation and education, taking advantage of the interactive effect among health, nutrition and stimulation. In addition, child-care and development programmes are potentially useful as vehicles for extending primary health care.

In many locations, a programmatic necessity for closer attention to early childhood care and development arises simply from the fact that there has been a spurt in the demand for attention to young children.

Child-care and development centres and projects have mushroomed, often in an erratic and uncoordinated way, without attention to standards or to integration with health and nutrition and/or without attention for those most 'at risk'.

Recent longitudinal studies carried out in the United States clearly demonstrate long-term effects associated with a variety of early intervention programmes. There is increasing evidence from developing countries of effective programmes that are low cost.

The force of these arguments is increased by changing social circumstances. Aside from the need made more obvious by the declining infant mortality rate, the following factors also have to be taken into account:

• **Increasing labour force participation by women:** The increased pressure for women to work for wages and the need to take over men's farming chores as they migrate to the cities or seek work in mines bring additional burdens that affect child care and create a need for alternative forms of care.

• **Modification of traditional family patterns:** As migration and progressive urbanization occur, members of an extended family are not as available for child care as in the past. Today there is a high percentage of women-headed households in developing countries.

• **Increased primary school attendance:** Older children are more likely to be in school and less likely to be available to care for younger siblings, or they may be forced to drop out of school to provide such care. There is a strong argument for child-care initiatives that will help children continue their education, at least to the point of literacy.

The various arguments will carry different weight in different countries. Nevertheless, taken together, with emphasis on those that are most salient locally and backed by local information about children's needs, they should constitute a strong case for investment in early care and development.

Correction

The first paragraph of the article 'AIDS: UNICEF focuses on special concerns' on page 7 of the last issue of INTERCOM should read: "Cases of AIDS were discovered in adults in several central and eastern African countries in the early 1980s, but it was some time later that paediatricians and health workers discovered that the disease can also strike new-borns (infected by their mothers before birth), and older children (through contaminated blood)..."

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INTERCOM

UNICEF INTERCOM is a quarterly publication which attempts to promote open-minded debate and discussion on child survival and development issues among UNICEF and UNICEF-related people as well as to facilitate free exchange of ideas and information between field and headquarters and field and field.

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FOCUS: EARLY CHILDHOOD DEVELOPMENT

Going from basic services to integrated strategy

In the last two decades, UNICEF has adopted different programme approaches to early childhood development. The following is a brief history of its recent efforts.

During the 1970s, UNICEF was concerned with providing basic services and encouraging early stimulation activities. The basic services strategy assumed that changes in health, nutrition, sanitation and other services would, by improving the environment surrounding the young child, help the child improve mentally, socially and emotionally as well as physically. Specific attention to these psychosocial components of early development seemed not to have been considered necessary for the child before age two. For children aged three to six, the 'basic service' for early development was seen as a pre-school centre providing direct attention to children. Generally, this attention was given within highly structured, formal institutions run by government or by private entrepreneurs, with emphasis placed on mental development and on preparation for school.

Another programming line in the 1970s focused on early stimulation of children up to two years old, particularly in Latin America. This had a strong biological underpinning, placing emphasis on exercising and stimulating the child.

With the International Year of the Child in 1979, programming for early childhood development gathered new momentum. Many initiatives were taken, most of which were pilot or demonstration programmes. Greater emphasis was given to 'non-formal' programmes of integrated attention employing locally selected paraprofessionals.

The spotlight on early childhood development provided by IYC was, however, relatively short-lived. With the appearance of the GOBI strategy in the early 1980s and its subsequent conversion into the child survival and development revolution (CSDR), UNICEF focused increasingly on health and other interventions directed at reducing the infant mortality rate. With some notable exceptions, little attention was given to psychosocial development as an integrated component within CSDR programming.

In April 1984, the Executive Board approved a reformulation of early childhood development policy. Guidelines were set, giving priority to children at risk and those under two years old. An integrated, multifaceted, participatory and flexible strategy was recommended, stressing broad, cost-effective, community-based actions adjusted to different socio-cultural contexts and developed within a national policy framework.

The view of early childhood development as early stimulation and as the creation of pre-school centres nevertheless persisted in many UNICEF offices. Interest continued to focus on reducing infant mortality. Slowly, however, this view is changing. As the infant mortality rate drops (12 out of 13 children born now survive to age one) and as more and more women enter the labour force, more attention is being given to 'after survival, what?' Early childhood development is gradually being seen as a concept that is integral, interactive and preventive; that incorporates psychosocial components into health and nutritional programmes, and vice versa; and that looks at survival and development as simultaneous rather than sequential processes.

UNICEF supports non-formal education to provide learning skills for children not enrolled in school. (UNICEF 1858/86/Sprague)

At least five complementary approaches make up an overall strategy for early childhood development:

- provide direct attention to the child (in centres outside the home);
- support and educate care-givers;
- strengthen community conditions and organization;
- strengthen institutions devoted to improving early childhood development; and
- attempt to influence policy and planning, through direct advocacy with policy makers and by providing information to the public.

Whether emphasis is being placed on advocacy or on providing attention to children in centres outside the home, a general knowledge base can provide guides to programming. Needed, however, is local information that will guide programme emphases and determine specific content. Each situation in each country is different. Social and political structures, economic circumstances, available resources, government commitment and the strength of institutions working with young children vary markedly. There will be differences also in the attitude of the medical and

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Wide variety of programme options

UNICEF is attempting to link closely child survival to child development in a number of ways. The following report summarizes a variety of programme options supported by UNICEF.

UNICEF is continuing its efforts to establish close linkages between child survival and development programmes. In many instances, these linkages are made by incorporating early stimulation and child care into existing health and nutrition activities. As an alternative strategy, health and nutrition elements of child development have been added to the existing system of daily child education programmes.

UNICEF has supported the development of standard curricula, model training courses and supplementary teaching aids, and strategies to disseminate such materials. Support for these activities continues in Bangladesh, Bolivia, China, Ethiopia, Haiti, Iraq, Morocco and Zimbabwe. Zimbabwe now incorporates health and nutrition into the curriculum of its 4,000 rural pre-schools. In other instances, child development activities and messages have been added to the curriculum for child health care workers. In Brazil, for example, efforts to reduce the incidence of poor child development have included early childhood stimulation and disability prevention in the primary health care curriculum.

In an effort to upgrade professional and paraprofessional staff, UNICEF has supported training programmes in both the short and long term. Model training centres have been set up to bring programmes to rural areas, where training has not been readily available. In China, eight universities have been chosen to serve as technical resource centres for pre-school teacher training institutions. The major task of these institutions is to train faculty, conduct applied research and develop innovative training materials, including distance education through mass media programmes. For poor teachers living in rural areas, UNICEF has supported the operation of mobile training units and centres in China, Kenya, Thailand and Zimbabwe.

Zimbabwe has incorporated health and nutrition into the curriculum of its 4,000 pre-schools. (UNICEF 033/83/Gezelius)

Aware that conventional approaches to early child development and pre-school education have been inadequate to meet the wide spectrum of needs and increasing demands for service, UNICEF is currently supporting a broad range of complementary programming options. Programmes have continued to adjust their attention away from a focus on conventional pre-school activities towards programmes of early child care and education that reach a larger number of children, particularly those at highest risk.

Moreover, while a bias towards programmes targeted at the three-to-six-year-old population still exists, alternative strategies have been directed towards children under two. The Republic of Korea, for example, has experimented with a home-based project in which disadvantaged under-three children and their mothers receive education in child stimulation and development by trained home visitors. The programme includes physical and motor development, language and communication, social and emotional development, and creativity and problem-solving activities. In Chile, UNICEF is collaborating with the Ministry of Education to develop low-cost nutrition and language centres using community workers and focused on mothers. At present, there are 330 centres providing care for 10,000 children under six, living in very poor areas.

The continuing need to deliver complementary and innovative early child care and education has led to several examples of home-based programmes of parental education in Ethiopia, India, Nepal, the Pacific Islands and Sri Lanka. Recognizing that centre-based programmes reach only one fifth of the population and have no impact on children under two, Thailand has developed a home-based programme with mothers as the primary focal point. In each of 30 districts, mothers were selected to be trainers of other mothers, using UNICEF training materials. In this way the programme hopes to reach about 18,000 mothers.

Another strategy is represented by CHILD-to-child programmes. In Nepal and elsewhere these have included lessons in primary school curricula focusing on stimulation, sanitation, nutrition and immunization. In other areas, child-care and education activities are being implemented in conjunction with women's programmes. Members of local women's organizations are trained to take responsibility for the promotion of child development programmes. Efforts have included the mobilization and training of young women in low-cost, community-based child-care centres.

Another appraisal uses the existing child-care system to identify preschool children at risk and treat them early. The West Bank has set up four child development centres designed to provide such services for children under six. In Haiti, a UNICEF-assisted programme sponsored by the Ministry of Social Affairs has established 230 centres to provide early child assessment and development services for 10,000 children under six.

UNICEF has also continued to support evaluation of programme implementation and impact on intended audiences. These assessments have provided insights into a programme's capacity for replication and wide-scale dissemination. Several countries such as Madagascar, Malawi, Sri Lanka and Tanzania, have been helped by UNICEF to assess current patterns of child care and identify available alternatives.

UNICEF has also played a strong advocacy role to increase political and community awareness of the importance of the early childhood period. Support has also been given to hold international conferences, workshops and study tours to exchange information regarding successful programming options.

Finally, as an indication of the increasing importance attached to early childhood development efforts, UNICEF New York has supported a number of initiatives to provide services to all UNICEF offices. These include a manual for UNICEF programme officers, an early child development training package, and participation in the Consultative Group, an inter-agency mechanism designed to learn collectively from early childhood development experiences.

Different centres give direct attention

A wide variety of day-care centres that have been set up or experimented with to provide direct attention to the child. The following report summarizes two main types, namely, home-based and integrated centres.

Direct attention to young children is provided through such arrangements as home day-care centres, integrated child development centres and add-on initiatives, where an early childhood component has been attached, for instance, to a nutrition centre, child-care centres in factories, market-places, co-ops and formal pre-schools. Each of these has some advantages and disadvantages and each responds to different circumstances.

One of the least 'institutional' forms of centre-based care and education is *home day care* (sometimes called family or neighbourhood day care). Home day care is an arrangement by which several young children are cared for in the home of someone who is not an immediate family member. The home becomes a centre. Care-givers are often neighbours who have a young child of their own at home, and who are not formally trained. The child-care arrangement may be informal and private, without any connection to a formal network of providers or services. Or, home day care can be formalized and linked to other services and supported with some training and on-site assistance to care-givers. Payment for service may be in cash or in kind. Care provided may be only custodial, involving little or no attempt at child development. There is a presumption, however, that care provided in a home for a small number of children will not only assure a safe and healthy atmosphere, but also respond to the developmental needs of attachment, security, interaction and exploration.

Home day care can fit well with the guidelines set for UNICEF programming. It can be a 'low-cost' option that is also community-based. It is likely to build on existing practices. Integration can be achieved through training and in the support services provided to care-givers. Home day care can also generate income, prestige and self-confidence for care-givers.

In Guayaquil, Ecuador, child day care is supported within an urban basic service. The broader urban programme brings together primary health care, women's income-generating activities, nutrition and social communication. Home day care mothers, who look after up to 10 children from six months to six years old, receive some training and are also helped to improve their homes. They are paid a minimum wage. Mothers who leave their children to be cared for form a committee to oversee the process. One committee member is charged each week with purchasing food for the children's needs. The day-care system is linked to other supportive services and supervision is provided. The system seems to provide adequate care for children and has given an income-earning opportunity to some women. It has, however, remained a relatively small programme.

Another way of attending directly to a young child to enhance early development is to establish integrated child development centres. These centres seek comprehensive development by bringing together early education with health, nutrition and sometimes other services, as in the case of Burkina Faso, where water was an important component. A comprehensive view of child development and the attempt to integrate services conceptually distinguishes child development centres from most pre-schools which are intended specifically to prepare children for schools. In practice, however, the two are often similar.

Child development centres may be organized and operated by a national organization, a private voluntary organization, a community or a combina-

tion of the three. Some centres are designed as comprehensive centres uniting several services. Others have evolved as a child-care or pre-school programme adds on such services as health or a community kitchen. In some cases, an integrated centre forms part of a community development programme. In others, the focus is on providing a direct service of child care and development.

The Integrated Child Development Service (ICDS) is a comprehensive effort by the Indian Government to reduce infant mortality and improve the quality of life for mothers and poor children up to six years old in urban slums, rural communities and tribal areas. The service now reaches several millions of children and functions primarily through *anganwadi* centres (literally, courtyards) which, at a minimum, provide pre-school education and some supplementary feeding for children from three to six years old. Most centres also include elements of primary health care for both children and pregnant and lactating mothers. In some areas, centres have also served as entry points for immunization and sanitation and water programmes. *Anganwadi* workers are paraprofessionals selected according to uniform criteria by central governmental organizations. They provide early education and help monitor growth and, sometimes, educate mothers. *Anganwadi* workers are assisted by a helper and are supported by a child development project worker.

Although ICDS is considered a community-based programme, it is implemented centrally and with limited local participation. One of difficulties concerns the employment of community workers, who receive low pay because they are outside the formal bureaucracy. It has, nevertheless, expanded to cover more than 23 per cent of the population at US$1.49 per head per year. Its success suggests that, with sufficient political will and organization, a centrally run programme of integrated development can be extended to a significant portion of the population at a reasonable cost and with some effect.

Approaching early childhood development through a multi-purpose centre seems to fit well with several UNICEF guidelines. Concentrating services in one place facilitates integration (or at least convergence), continuity, and can cut delivery costs. The centre can serve as a focus for many community activities. However, these presumed advantages are not automatic. Community participation has to be encouraged. If the idea of a centre is imposed, community participation and acceptance may be minimal.

Direct attention is given to children in this kindergarten in Colombia.
(UNICEF 152/83/Mera)

BASIC SERVICES TO INTEGRATED STRATEGY
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educational communities towards early development and how it should be approached. The degree of community organization and solidarity varies greatly. And, there will be differences in who cares for the children, in child-rearing practices, in the family structure, and in levels of morbidity, malnutrition and disability.

To respond to local situations appropriately, therefore, early childhood development should be included in situation analyses. This is now done only partially in UNICEF, with emphasis almost exclusively on health and nutritional influences. There are, however, many other questions that need to be answered when establishing a programme. What, for instance, are the legal bases for attention to children? What is the political commitment to programmes favouring development, as reflected both in planning documents and budgets? Who is assigned responsibility? What institutions can be called upon to help? What kinds of service programmes are presently operating and how extensive is their coverage? Who cares for the child when there are no service arrangements? What are the predominant child-rearing practices that facilitate or impede development? What are the attitudes of parents towards the development and future of their children? To what extent are problems of street children and school drop-outs associated with problems of early childhood development?

Not all of these questions can be answered by national surveys or by the standard methods used to obtain data. However, many can be, and at least partial answers are contained in independent studies that can be drawn upon, or commissioned, as deemed necessary. As important as the analysis itself will be the involvement of key individuals and institutions in the analysis so that they are made aware of problems in the process and develop a degree of commitment through their participation.

FOCUS: EARLY CHILDHOOD DEVELOPMENT

Informal day care sprouts in Viet Nam

Fewer people are now available to look after pre-school children in Viet Nam, because the majority of women are employed, older siblings are in school and the traditional extended family is breaking up due to housing shortages. Working mothers are leaving their children in the care of retired neighbours. EDGAR KOH, Information Officer and INTERCOM Editor, UNICEF New York, visited a few home-based or informal day-care centres in Hanoi, and filed this report on a UNICEF-assisted programme to meet a real need.

Working mothers are making informal arrangements all over Hanoi and other heavily populated areas in Viet Nam to leave their pre-school children in the daytime with middle-aged or elderly retired people.

Home-based day-care centres have sprung up spontaneously in recent years to supplement formal day-care centres, according to Maria Gabriella DeVita, Programme Officer, UNICEF Hanoi. The shortage of child-minders is serious, because 87 per cent of women in Viet Nam are employed outside the home. Higher school enrolment rates mean that fewer older siblings are available to look after the young. And, with the break-up of the traditional extended family, elderly relatives are often no longer on hand to offer help.

Viet Nam has 10 million children under six years old. A total of 1,128,000 of those between six months and three years old (30 per cent of those eligible) are in formal day-care centres. There are slightly more than 40,000 such centres, of which 80 per cent are in the north and 20 per cent in the south. Nearly 158,000 people are involved in the care of young children.

Given that 7 out of 10 eligible children are not covered by the formal system, the need for an alternative network is urgent. One of the current mid-term objectives of the Government is to set up and monitor, on a pilot basis, home day-care centres in three cities (Hanoi, Haiphong and Ho Chi Minh) and in two provinces (Binh Tri Thien and Minh Hai), with the aim of raising coverage by an additional 5 to 10 per cent. The long-term goal is to extend the system nation-wide, complementing the formal sector.

Home-based child care in Viet Nam is given by someone who is not a close relative and who looks after several children in his or her home. These child-minders are usually retired couples who have no formal training in child care but who have had children of their own. The service is informal or private, and parents pay in cash or in kind, usually food.

According to Dr. Nguyen Kyanh, Deputy Director of the Education Ministry's Department for the Protection and Education of Children, there are a number of reasons why informal day-care centres have sprung up. First, he said, they meet the needs of the people. "Parents can put their children in an informal day-care centre of their own choice, usually one close to their home, and they find the timetable more flexible than in the case of formal day care — they can drop off their children early in the morning and fetch them late in the evening", he said.

Second, parents can bring from home their own food, with which their children are familiar. Third, because the number of children is strictly limited, the care they receive is similar to that of the family. And fourth, after a few years the child-minders come to know their charges well. These are the reasons why parents are satisfied with home-based day care, Dr. Kyanh pointed out.

The child-minders themselves are also happy, Dr. Kyanh said, because they can earn a small supplementary income and they benefit psychologically and emotionally from being close to the children. Also, as retired people, they are happy about continuing to fulfil their obligation to society, he added.

Nevertheless, both the Government and UNICEF are aware of limitations to such arrangements. The private homes used to house the children are not always adequate. A few homes in Hanoi visited on one occasion recently by government and UNICEF officials were dark, unheated in winter and not very well ventilated.

UNICEF is also concerned that child-minders be given adequate training and proper supervision. It has been pointed out that there is a difference between the care given by a mother to her own child and that given by a non-relative who also takes care of several other children at the same time, even if it is at home.

According to Dr. Kyanh, the child-minders' knowledge is based on tradition, and sometimes they do not have the teaching aids or the ability to stimulate play. Also, there is no standard or rational schedule of fees.

"Because the centres are privately run", Dr Kyanh said, "they are not receiving adequate attention from the responsible government sectors". His department, he added, would try to involve other sectors as well as international agencies in giving assistance. Such interventions as vaccination, nutrition and family planning could then be readily coupled with the system.

As this is the first time UNICEF is involved in the promotion of non-formal early childhood day-care centres in Viet Nam, it is carrying out surveys and studies in the five districts to determine the demand for such a service, analyse training needs, establish a set of regulations and develop a system of supervision.

It will also help in the non-formal training of the people in charge of the centres. While doing this, UNICEF is stressing the importance of psychomotor, sensory and emotional stimulation and development of children in these centres. Another aim is to help link up the network with social support services, particularly commune or district health centres, so that primary health care measures can be undertaken.

FOCUS: EARLY CHILDHOOD DEVELOPMENT

Chinese kindergarten blends work and play

There were 18 million children in pre-school classes in China in 1987, 56 per cent of them in three-year kindergartens in urban areas, where child care is at a premium, since this is where most one-child families live. Excessive emphasis on preparation for primary schooling and the discovery of geniuses among the 'little emperors' is recognized as an unfortunate by-product of the successful demographic policy. Many teachers and early childhood specialists are seeking alternatives to the regimentation in large institutions and the intellectual pressures placed on many young children. WYN COURTNEY, Education Project Officer, UNICEF Beijing, reports on an interesting experiment in this field.

Kindergartens offer child development to 18 million pre-schoolers in China. (UNICEF 2267/86/Sprague)

Those who have visited a kindergarten in China would have been impressed with the order and discipline of the small children, their well-drilled dancing and singing, and the elaborate costumes and painted faces. But the impression is not all favourable, for many wonder what has happened to the children behind the make-up, the disco gyrations, the miming of adults. It often seems churlish and ungracious for the visitor to be critical of the regimentation, especially when each of these institutions have to accommodate up to 600 children.

There is, however, substantial criticism within China of some of these aspects, and there are a number of experimental kindergartens trying other ways of coping with the demand for pre-school education. Recently the biennial meeting of the Association for Pre-school Curriculum Research was held in Huzhou in Zhejiang province, a pleasant but unremarkable town, except that it has one of the more interesting examples of what is being done in a child-oriented kindergarten.

Three years ago, as part of curriculum reform, an experimental class was set up by a 40-year-old teacher, with support and encouragement from her former psychology teacher and a retired Huzhou kindergarten director. The first cohort of children have now proceeded to primary school, having scored significantly higher on all the cognitive and social measures used in monitoring the experiment than children in two 'control' schools in another town. Three more classes have now been started.

Thus, the conference's 260 participants from 24 of China's 30 provinces or regions had a chance to scrutinize the experiment. They visited the kindergarten in small groups, saw a video on a day in the life of the class, and heard the teacher describe the strong and weak points of the experiment, and the support given to her by parents and other staff members.

There is a surprisingly liberal use, extensive for any kindergarten but especially in China, of sand, water and scissors — the three pre-school 'no-nos'. There is a large sand-pit, in which the children are encouraged to play, separately or co-operatively, and imaginatively. A fountain in a nearby park is used for sailing paper boats, and watching reflections and refracted light. And the children wield their scissors from an early stage, starting with cutting orange peel into different shapes to be stuck on a large sheet, as a 'carrot', a 'fish', the 'national flag', or whatever they choose to make it, before going on to cutting paper, and then using the acquired manual dexterity to handle chopsticks at least a year ahead of other children. Finger-painting allows creative expression, a marked contrast to the usual spectacle of a few five- and six-year-olds painting goldfish in the traditional style.

Special attention is given to group observation of such animals as rabbits, with follow-up discussion, drawing and painting, and individual eliciting of observed peculiarities, proportions and omissions — "Why does

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Reaching neediest in rural Africa

There is increasing interest in early childhood care, education and development in practically all the countries in eastern and southern Africa. MICHAEL KINUNDA, Regional Education Adviser for the UNESCO-UNICEF Co-operative Programme, reports on what is being done.

Growing interest in early childhood care, education and development is partly due to the advocacy efforts of UNICEF and also to the growing realization by Governments that the early years of a child are critical to the formation of intelligence, personality and social behaviour. There are increasing feelings of dissatisfaction with the formal, high-cost, élitist, urban-oriented pre-school model, which not only focuses narrowly on a child's mental development but also reaches the child late in life and usually does not cover the neediest and most underserved rural communities.

The main challenge, however, continues to be that of readjusting strategies, searching for alternative types of child care and development arrangements which are **acceptable, feasible and affordable** as far as local communities are concerned. The approach and process in practice involves a great deal of advocacy. This has taken many forms. UNICEF, for example, has supported local studies of traditional child-rearing practices in Kenya, Lesotho, Madagascar, Malawi and Zimbabwe, and study tours in Madagascar and Tanzania.

The other challenge is designing and implementing pilot integrative programmes in selected rural communities with effective community participation and involvement during the whole planning, implementing and monitoring process. In almost all countries, one of the major aspects of focus is the strengthening of national resources and capacities to carry out child-centred integrated programmes efficiently and effectively. Therefore, training of supervisors, parents and care-givers, the development of suitable materials, the incorporation of nutrition and primary health care components, research and, especially, monitoring have continued to be important aspects of such alternative strategies.

The early years of a child are critical to the development of intelligence, personality and social behaviour. (UNICEF 032/83/Gezelius)

In mainland Tanzania, 50 pilot villages in 10 districts of five regions were selected last year for a pilot day-care project. Village committees participated fully in determining the type of day-care arrangements in their villages. Training courses for 70 social welfare staff at the national, regional and district levels were also organized. In Zanzibar, a programme is being carried out by an intersectoral instituted committee with UNICEF support.

In Malawi, a workshop to discuss the report on the study of traditional child-rearing practices was held in November 1987. Its main objective was to generate awareness and identify possible strategies for action. The new country programme proposes a community-based early childhood care, education and development project in selected communities.

In Madagascar, a national assessment of child-care practices was undertaken to gain further knowledge of pre-school practices such as family education and early stimulation. A workshop was held with the objective of transforming the 15 pre-schools into nuclei for child survival and development interventions at community level.

A great deal was done in Mauritius in increasing the infrastructure and in training personnel. The main objective is to reach poor children at risk and to incorporate missing components of child care, particularly health and nutrition development.

In Rwanda, where the present infrastructure is weak and the strategy too limited to provide integrated interventions focusing on physical and psychosocial development and care, advocacy is being given to the strengthening of the country's capacity to design and implement child-care arrangements, particularly in the rural areas. Self-help is to be the main characteristic of the strategy.

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FOCUS: EARLY CHILDHOOD DEVELOPMENT

Important to teach parents and family

Education of parents, the family and the community is an increasingly important approach to improving early childhood development. The following report examines why and how this indirect strategy complements and reinforces programmes providing direct attention to the health, nutrition and development needs of the young child.

The main purpose of programmes to educate parents, the family and the community in child development is to strengthen self-confidence, impart knowledge and skills to enhance existing ability to foster the physical, mental, social and emotional development of young children.

It is important to recognize that many parents, even in so-called 'disadvantaged' environments, are competent and effective care-givers. Their own intelligence, early socialization and access to common wisdom provide a basis for care and development that is well adapted to the needs of their particular situation. Moreover, the demands of child-rearing will often be shared with grandparents or other members of an extended family whose help and valuable insights demonstrate strengths inherent in traditional culture.

So, 'parental education' cannot be viewed simply as outside 'experts' transmitting pre-determined messages to parents and others who are assumed to lack knowledge. Parental education, in other words, must acknowledge and support common wisdom and local practices that foster a child's healthy growth and development.

Accepting the value of 'common wisdom' should not lead to a naive view that all local practices are, by definition, good. That 'romantic' position is not viable in a world in which children increasingly live simultaneously in more than one culture and in which traditional socialization processes and practices are being distorted by migration, urbanization and other social and economic pressures. More important, however, some practices that served well in a traditional environment may no longer do so in new circumstances. Also, new knowledge about health and nutrition and development has become available that has not yet found its way into the store of common knowledge. There is a responsibility, therefore, while supporting and reviving traditional child-rearing knowledge, for parent educators to provide new knowledge.

While supporting and reviving traditional child-rearing skills, parent education should also provide new knowledge. (UNICEF/Rabat)

Enhancing early childhood development by working with parents, whether pursued separately or in conjunction with existing centre- or community-based approaches, is usually justified in terms of one or more of the following arguments:

Building and reinforcing family responsibility. The family maintains the primary responsibility for raising children in most societies. Therefore, programmes of child care and development should build upon, not undermine family responsibility. If planners and programmers place emphasis exclusively on child care and educational institutions, responsibility can shift away from the family to those institutions, sometimes with negative results.

Adding continuity and support to existing service programmes. Even when children spend part of their time outside the family at a child-care centre, the principal force for socialization continues to be the home. There, parents and other care-givers provide, or fail to provide, the immediate intellectual, social and emotional interaction and support needed for child development, particularly during the first months of life. What happens in the home can support or contradict what occurs in service programmes.

Sustaining improvements over the long term. Permanent improvement in development of young children will require changes in the knowledge, attitudes and child-rearing practices of the primary care-givers. These will not occur simply by providing service programmes. On the contrary, providing services tends to reinforce a passive and rehabilitative approach, rather than an active, preventive one. Parental education offers a potentially effective way of promoting the changes necessary to sustain gains in early development, even if a particular programme or child-care centre disappears.

Promoting an integrated approach to child care and development. Although an 'integrated' approach to early childhood develop-

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Different settings for parent education

Parental education can occur in the home or outside, on an individual basis or in groups. It may be realized through 'face-to-face' interaction or through 'distance' education emphasizing the use of the mass media. It may be didactic or based principally on demonstration, observation and imitation. The accompanying articles look at different types and examples of parental education.

Back to school for parents

Parental education for early childhood development can, of course, occur outside the home. Many programmes might be cited as illustrations of group approaches to parental education. Most of these have evolved as some sort of 'add-on' to existing health, nutrition or other social service programmes. Some, however, have begun independently, as parenting education programmes standing on their own.

In Indonesia, together with periodic weighing of young children and distribution of food, mothers participate in group discussion, sharing experiences and making and using toys. The ***Bina Keluarga and Galita*** (BKB) project, begun in 1982, is an attempt to add an early childhood education component to existing services. Initiated by the Associate Ministry for the Role of Women, the project aims to enhance the knowledge, awareness and skills of mothers and other family members to enable them to provide an environment conducive to the comprehensive development of children under five. Field workers — women from the local community — are provided with training in child development and adult education. They then hold workshops at nutrition centres where mothers receive child development information and their role as primary educators is emphasized. They then decide upon easy activities that they can do with their children at home. In addition, a toy library has been established for mothers to take toys home to use with their children.

In China, a relatively recent initiative places new emphasis on the family as an agent of socialization and on the skills of parenting in child development. An estimated 40,000 'parent schools' have been established in many communities, apparently out of concern on how to handle the comparatively new situation of the one-child family. Most of these schools are based in hospitals or attached to kindergarten, primary or middle schools. In addition, programmes have been set up by neighbourhood committees for newly-weds or potential parents. These institutions take responsibility for organizing the programmes, but they are helped by the All-China Women's Federation (ACWF), which has taken the lead in mobilizing communities to establish the parent programmes. Lectures are given by specialists or staff from the local institution. The curriculum is based on the findings of intersectoral groups brought together by ACWF.

In a marginal area of Bogotá, Colombia, a parenting education programme was set up as an alternative to home-visiting under the explicit assumption that such visits would undermine a mother's position and confidence within her own home. In this project, mothers (or principal care-givers) met once a week in a community centre where they were provided with information about health, nutrition and psychosocial development. An innovative feature of this project, building on local practice, was the creation of a 'baby book' containing messages from the baby to the mother about developmental accomplishments and the need, at particular times, for health check-ups, immunizations, etc. The book covers the first two years of a child's life and provides a personal record for the child, at the same time educating the care-givers and serving as a basis for discussion at meetings.

Personal exchanges in home visits

Parents gain knowledge through direct personal exchanges and activities when they are visited at home. Home-visiting lends itself to direct and meaningful discussions of immediate and concrete problems, offers the opportunity to learn in context, allows demonstration and observation followed by practice and immediate feedback, and promotes free discussion of problems in privacy. Because this is a personalized approach, its relative cost can be high, but it is still more economical than centre-based programmes. Home visitors need to be extraordinarily sensitive so as not to undermine the position of a parent or other authority figures in the home.

Since 1971, there have been experiments in home-visiting in Jamaica. The first was with 20 three-year-old children from a poor urban area. Families were visited by a trained nurse for an hour a week over eight months. Mothers were shown how to play and interact with their children in such a way as to promote good development. A toy and book were demonstrated to the mothers and left in the home every week, then rotated among participating families. When the children were evaluated and compared with a control group, developmental results were found to be significant but the cost of the intervention was judged to be too high.

A second experiment grew from a desire to see whether developmental gains made by children from very poor families while recovering from severe malnutrition could be sustained through home visits. Community health aides, who already regularly visited homes under the primary health care programme, were given additional training. Children who were visited by them at home continued to show relative and gradual improvement for the year during which the visits were made and for a 24-month period thereafter. Home-visiting had worked.

The next step in the experiment was to see whether an inexpensive home-visiting programme operating under normal (rather than experimental) conditions, and capable of implementation on a larger scale, could prevent children in poor circumstances from demonstrating a familiar drop-off in development. To carry out the programme, a developmental stimulation component was added to the usual health and nutritional home visits by community health aides who had been given additional training. It was found that home visits every two weeks were effective but became less so when they were made only once a month.

How mass media can help

Radio, television and the print media can be used to educate parents and other care-givers. Although the effectiveness of print is limited where illiteracy is high, pictures and cartoons can also be used to communicate messages. In some parts of the world, access to television is increasing dramatically, particularly in poor urban areas, even though the medium still tends towards teaching the economically and socially favoured sectors. Radio has proved to be a useful means of adult education in many locations.

While there is no naturally 'preferred' mass communication channel, previous work has identified characteristics of messages that seem to underlie successful communication efforts. For example, the communication literature suggests that a mass media approach will more effectively transmit knowledge if messages are targeted towards a specific audience; sensitive to the abilities, beliefs and values of the intended audience; perceived to be of high priority; and presented in a format that avoids didactic lecturing but, rather, incorporates messages into stories and events with everyday significance.

Parental education approached *exclusively* through mass media campaigns is unlikely to have much effect. Messages may be received and 'understood' to the point that they can be repeated back to an evaluator, but they will not change practices significantly. Experience suggests that changes in attitudes and practices will require interpersonal communication to reinforce messages provided through the media. Interpersonal exchange helps interpretation and understanding of messages, but, more important, it provides group support and reinforcement to change practices.

Proyecto Familial, begun in Venezuela in 1980, was intended to promote the intellectual development of children from birth to six years of age by providing informal education to mothers. In Venezuelan cities, television is said to reach 96 per cent of the population. In the most rural areas, more than 80 per cent of the population is reached by radio. To take advantage of this coverage and of the existing communication infrastructure, Proyecto Familial produced an impressive number of television and radio programmes, spots, slide presentations and films.

Although the programme has attracted considerable attention internationally, an evaluation in late 1984 concluded that, overall, the efforts made constituted 'a promise yet to be fulfilled'. Achievement was limited in part by the fact that mass media messages were not linked to a system of interpersonal contacts. In urban areas, television viewers were able to identify the name 'Proyecto Familial', but there was no evidence that the approach had succeeded in changing practices. In rural areas, there seemed to be somewhat more programme material, and the messages were at least partially linked to a system of interpersonal communication involving both rural extension workers and health personnel in primary health care centres.

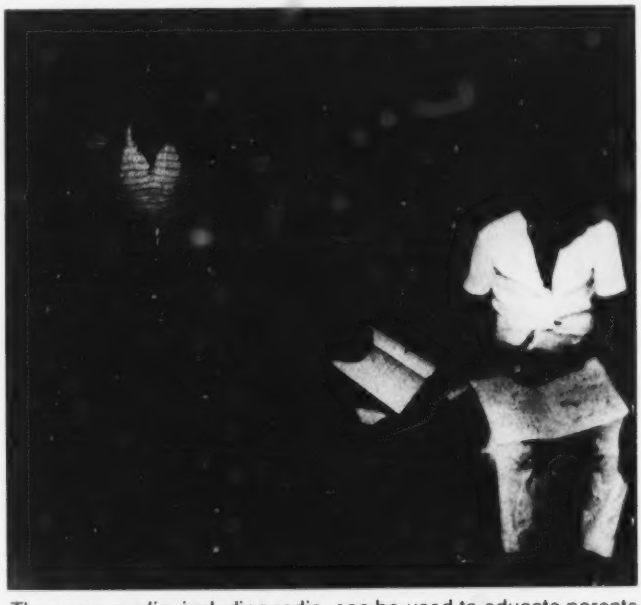
Mass media can play an important part not only in providing information but also in bringing people together and in stimulating discussion.

One of the classic examples of mass media in adult education comes from Colombia, and it illustrates the importance of providing information in a way that uses and promotes interpersonal relationships. In the 1940s and 1950s, the Catholic Church successfully developed a system of radio schools called ACPO (standing for Popular Cultural Action). Transmission of the radio messages — covering a variety of themes from religious messages to basic literacy — was directly supported by 'promoters' in each community who received training in interpreting the radio messages and in using the materials provided to the listening groups. The promoters were responsible also for motivating and assembling community members to listen, in a group, to the radio broadcasts. This system was relatively easy to establish, given the extensive grass-roots organization of the Church.

With the advent of the transistor radio, however, came unanticipated problems. The transistor allowed more messages to be beamed, on a continuous basis, to more people through their individual radios. It was no longer necessary to meet in groups at a fixed time to hear the broadcast. Paradoxically, this increase in coverage seemed to undercut the effectiveness of the programme. The group interpretation and incentive for common action was missing. Indeed, it became necessary to reinstitute the groups, now with a different rationale, and to strengthen the system of promoters who helped give life to the broadcasts.

The ***Padres y Hijos*** (PPH) experiment in southern Chile combines distance education with a system of local promoters. The programme was begun in 1979 by a private research and development centre working with a local radio station. In 50 communities, families with children between the ages of four and six gathered once a week to listen to a radio broadcast. Following the broadcast, a discussion was led by a local promoter. The broadcasts and discussions treat a series of 12 themes over the course of a year. At the weekly meetings, the promoter presents pictures that depict common incidents from the people's lives and that offer opportunities for stimulating a child's learning. The promoter guides the discussion, and parents then talk about activities they can do during the week. Toys are also available.

The success of the PPH programme lies as much in the impact it has had on the relationships among people in the community as in the direct effect on the child. The broadcasts were used as ways to promote reflection by community groups on problems affecting their children and, not incidentally, themselves. Simply transmitting messages by radio could not have had the same effect. Rather, the interpersonal communication fostered led to both understanding and action.



The mass media, including radio, can be used to educate parents and other care-givers in the importance of child development
(UNICEF/Huzak)

CHINESE KINDERGARTEN

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the rabbit look so funny? Because I forgot to give it a nose!".

The major principle underlying this experiment is clearly that of an integrated curriculum, without any distinction between 'play' and 'schoolwork'. The teacher complained that the two hours per week prescribed by the State Education Commission for language and number work was not enough. Language and numeracy pervade almost all activities. She pointed out that this is the time when children constantly ask 'Why?' and want to talk about everything that they see or experience. An example of one of the many 'integrated' activities consisted of children running around the play area, searching for small paper flags that had been hidden by two or three of them under hedges, on the slides and swings, in flower pots, and then assembling briefly to show how many they had found, and how many children had found the same number.

Explicit preparation for primary schooling is not entirely neglected, but it is delayed until the last term. Then the children learn how to stand in line, to walk or march in step, to rein in their curiosity and impetuosity and to answer the teacher's queries instead of asking questions themselves. Everything else in the programme has enhanced the development of the children's physical well-being, their social sensibility, and their individual intellectual and psychological growth.

What makes this school exceptional is the emphasis placed on the development of each child's self-esteem, first through encouraging each to consider that they are 'very good' at something. As he or she gains competence and confidence in one area, there is a carry-over into others. During the second year of kindergarten, there is the beginning of self-evaluation ("What improvement can I write in my report to your parents?") with emphasis on achievements and recognition of weaknesses. As a rather timid five-year-old confessed to a visitor: "I am the best at cutting with scissors... but I still don't always remember to go to the toilet in time".

If this principle was extended to all children and to other educational levels, if schools everywhere were to discover and then develop the one 'very good' area of each child across the whole range of social, physical, psychological and intellectual activities, instead of encouraging competition among them across a narrow spectrum, this would truly be revolutionary.

IMPORTANT TO TEACH PARENTS

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ment is often advocated in order to foster development of the 'total child', it has often proved difficult, in practice, to bring together health, nutrition, education and other services to provide the multifaceted attention desired. These diverse components are more efficiently and effectively brought together through an educational programme than in the delivery of a set of services.

Extending coverage at a reasonable cost. Some forms of parental education lend themselves to broad coverage at relatively low cost, particularly in comparison with the building of centres. Indeed, parental education for early childhood development is the most feasible low-cost approach to programming on a large scale. Much of the present interest in parental education is motivated by a desire to reach more children within the constraints of existing budgets.

Several general observations can be made about parental programmes:

First, although many programmes have been successful in transmitting knowledge about early childhood development, it is apparent that increasing an individual's knowledge is not sufficient to bring about desired behavioural change. In addition to the transfers of knowledge, programmes must provide the interpersonal contacts and organizational structures that will reinforce and sustain efforts to change attitudes and behaviour. The most successful programmes seem to be those that in fact strengthen interpersonal contacts.

Second, most parental education programmes are based on fixed and pre-conceived messages that do not incorporate the wisdom of traditional practices, even though doing so could increase the effectiveness of the education.

Third, the many programmes now in existence have produced a wealth of available materials. When designing programmes, existing materials should be reviewed, both to learn from past successes and failures and to avoid unnecessary duplication.

Fourth, although there are various potential advantages of parenting education, as described earlier, this strategy should not be viewed as a 'low-cost' panacea for enhancing early childhood development among children and families in need. The education of parents and other caregivers must be viewed as one strategy in a larger set of complementary programming possibilities designed to improve the physical, mental and social-emotional development of the young child.

REACHING NEEDIEST IN AFRICA

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In Zimbabwe, major achievements in the production of educational materials and training have been made within the pre-school focus of the national early childhood and care programme. A curriculum hand-out has been published with the assistance of UNICEF and the Resource and Training Centre. The training has a strong emphasis on practical subjects relevant to rural life.

As part of its advocacy role, UNICEF is promoting networking and inter-learning among specialists in early childhood education and development in the various countries. It is felt that the documentation and dissemination of the various country initiatives can stimulate this networking for the benefit of various countries.

As a first step, a directory of early childhood education and development in eastern and southern Africa is being prepared. It will list institutions, personnel, resources and innovative activities in early childhood education and development. The Kenya directory will be published with the support of UNICEF Kenya. It will serve as a model for the other countries in this region. A dissemination workshop is also planned.

FOCUS: EARLY CHILDHOOD DEVELOPMENT

Children caring for children

A promising approach to child care and development being adopted increasingly and in diverse settings throughout the world is children caring for children. CASSIE LANDERS, Knowledge Network Co-ordinator of the Consultative Group on Early Childhood Care and Development based in UNICEF New York, discusses how this traditional practice is now being rediscovered as a basis for programming.

In most parts of the world, it is the custom to have children care for younger brothers or sisters. Building programmes around the idea of children caring for children is attractive and a potentially effective complement to other programmes for at least four reasons:

First, child care-givers can enhance the health and development of younger children if they are provided with information they can use in their care-taking role. Care of younger siblings is a pre-existing practice that can be reinforced and improved. For example, care-givers can help to ensure that the younger ones are vaccinated, treated with oral rehydration therapy when needed, fed properly, talked to and played with.

Second, such programmes are potentially effective because older care-givers, although still children, will soon be parents themselves. By learning proper ways of caring for younger children, they will be better prepared for parenthood.

Third, another potential benefit is that child care-givers can often provide information about new practices to peers, parents and other family members. Children are better agents of change because they are more receptive to new ideas and less committed to traditional practices.

Fourth, children of primary-school age can have an effect on care and development through community action programmes. For example, the child may be involved in activities aimed at improving the quality of or increasing the benefits generated by the environment.

To realize these potential benefits, programmes are needed to educate and mobilize child care-givers. Many variations of CHILD-to-child programmes exist, and experiences with them are multiplying rapidly. In some regions the idea has spread spontaneously. For instance, teachers have taken advantage of the presence of younger children brought to school by sisters or brothers who could not leave them alone at home.

An international co-ordinating body was set up within the Institutes of Child Health and Education at the University of London in 1978 to articulate, implement and disseminate the CHILD-to-child approach. The organization provides technical and financial assistance and publishes low-cost materials in 15 languages used in programmes in over 60 countries.

Formal evaluations of these programmes have revealed a number of issues and ideas. Programmes differ with respect to goals and primary beneficiaries, initiators, institutional setting, methods and materials and scale.

Older children between the ages of eight and 15 usually constitute the focus in such programmes. These children are the main group to be mobilized. However, as mentioned earlier, they may be variously treated as care-givers, future parents, communicators of messages, and agents to improve conditions affecting health and development. The emphasis given to these respective roles in a particular project is closely related to the definition of the primary beneficiary, and this emphasis influences the project's goals as well as its structure and content. As the idea of children caring for children is translated into programmes, greater attention seems to be given to the latter three roles than to the role of actual care-giver.

CHILD-to-child programmes may be initiated by individuals with various backgrounds and levels of training in education, health and community work. Initiators from the education sector include teachers, decision makers, school inspectors, advisers and curriculum planners. Initiators with health backgrounds include physicians as well as other professionals and paraprofessionals in primary health centres. Project initiators from other sectors include social workers, community workers, adult literacy workers, co-ordinators of women's groups and youth group leaders affiliated with organizations such as the Scouts, Guides and Red Cross.

Projects are found in a variety of non-formal and formal **institutional settings**. Formal settings include schools, primary health centres and other health institutions. Non-formal institutions include day-care centres, literacy centres, community centres, youth centres and churches. In spite of the range of institutional settings, most programmes can be found within the formal school system. It is interesting to note that many CHILD-to-child school-based programmes have been initiated by outside professionals, especially health workers, migrating into schools. The tendency of health workers to target the formal schools stands in contrast to the imperviousness of health institutions to penetration by non-health professionals.

While programmes adopt many **methods** of teaching and mobilizing children, emphasis is most often placed on an active and participatory approach to learning and teaching. In this approach, the teacher acts as a catalyst to encourage children to help each other and their communities. In accomplishing this goal, programme initiators explore ways children can identify health needs, problems and priorities; discuss ways of meeting these problems; understand through role-play and drama other people's feelings and views; and design appropriate activities. These usually include personal and community health, nutrition, prevention and control of disease, accident prevention, and children's mental and social development.

Emphasizing an active participatory approach, CHILD-to-child **materials** include songs, plays, skits, puppetry,

posters and stories. The Institute of Child Health in London has produced a series of activity sheets covering such topics as preventing and controlling diarrhoea and feeding the young child.

CHILD-to-child programmes vary in scale from those delivered to groups of eight to 10 children in private homes to massive national programmes reaching all schoolchildren. According to a recently completed survey of programmes affiliated with the Institute of Child Health, an average project has just under 250 participants; and three quarters of the projects reviewed reached fewer than 1,000 participants.

Looking back on a decade of CHILD-to-child activities, what can we conclude about the ability of these efforts to enhance the knowledge, attitudes and practices of younger and older children, parents and communities?

Reports of the benefits of successful such activities to older and younger children, families, schools and communities are numerous.

Older children, in their dual role as the providers and recipients of CHILD-to-child activities, benefit directly from increased knowledge of health, nutrition and education, improved health practices and beliefs, and more nurturing attitudes towards younger siblings.

Older children also benefit through their role as 'message carriers' to younger siblings and other children. In the process, children develop a sense of increased self-esteem and confidence through school-based and/or community activities. Moreover, it is expected that these newly acquired skills and the emphasis on preventive rather than curative solutions to health problems will exert an intergenerational effect on the offspring of these soon-to-be parents.

Benefits to teachers and other initiators of CHILD-to-child activities are particularly salient. The activity-oriented, participatory approach often provides an appealing alternative to those seeking escape from traditional teaching strategies. Furthermore, this approach provides a low-cost opportunity to enhance the quality of primary health education. School-based health education is generally integrated into the science curriculum, with sparse coverage of such critical topics as the prevention and treatment of diarrhoea.

While gains enjoyed by children indirectly benefit the family and community, direct impact on this group includes community surveys and the identification of health needs, dissemination of health information designed to change negative practices, and implementation of specific health innovations.

The reported benefits to younger children are somewhat more difficult to identify. Programmers assumed that younger children would gain directly from the activities performed with them or indirectly through the benefits received by older children, parents or teachers. However, programme documentation of this assumption is difficult to obtain. The absence of this data may reflect a growing trend to regard CHILD-to-child approaches as a school-based child health education programme. Direct programming attention to the younger child is often absent, and the role of the older children as agents of child stimulation and development is often undervalued.

It is recommended that programme developers reassess ways in which the cross-age concept can be refined and strengthened in current CHILD-to-child activities. Older children must be provided with real opportunities to put into practice the concepts stressed throughout the programme. In addition to the current health/nutrition emphasis, the importance of creative and active interaction of older children with the younger children in their care must receive renewed programming attention.

The activity-oriented participatory teaching of such programmes is one of its strongest attributes. Using this method, project initiators stimulate children to identify problems, design activities and implement solutions.

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CHILD-to-child health education encourages children in primary schools in Indonesia to help protect the health of younger ones at home. (UNICEF 184/86 Sprague)

FOCUS: EARLY CHILDHOOD DEVELOPMENT

Snapshots of four successful cases

Despite barriers and constraints confronting the implementation of CHILD-to-child programmes, there are many success stories. The four cases in the accompanying snapshots — from Botswana, India, Jamaica and Uganda — have a number of common factors accounting for their effectiveness:

- **active involvement and support of relevant ministries, including education, health, social welfare and agriculture;**
- **ability to elicit and sustain local support from educators, health-care personnel and community groups;**
- **ability to collaborate with policy makers and administrators;**
- **programme implementation in a step-by-step fashion, including examination of cultural relevance and acceptability;**
- **integration of CHILD-to-child information and activities into existing curricula and programmes;**
- **programme flexibility and ability to respond to changing circumstances and needs; and**
- **innovative teaching practices and activities acknowledged and rewarded through programme incentives.**

Health from child to child in India

Health workers and educators in India have long been receptive to the ideas inherent in the CHILD-to-child approach, given their twin concerns to promote preventive health care for children and to encourage learning activity. Among the many projects in the country is the one run by Bombay's Mobile Crèche, a voluntary organization that operates about 20 day-care and educational centres for children of unskilled labourers working on construction sites. The children, ranging from infants to nine years, come from extremely deprived homes, with both parents employed as labourers. Older children are entirely responsible for the care of younger ones. Few of them have the opportunity to attend school. The project was designed to relieve older children of some of this burden and to provide them with opportunities for cognitive and personal development.

Because the parents are employed only temporarily, a child's stay in the crèche is short, often less than a year, but for many, this limited period may be their only opportunity to develop basic cognitive competencies and knowledge of simple health practices. Children work together in small groups, using a variety of low-cost learning materials including work-cards, games and readers. Because the groups are of mixed age, older children provide much of the formal and informal instruction to younger ones.

The project provides learning rather than outreach, as no systematic attempt is made to use children as health messengers or change agents. Nevertheless, because of the stress on learning through activity and practice, outreach is beginning to occur spontaneously. It is obvious that this sort of learning was deeply embedded within the Mobile Crèche programme before the CHILD-to-child approach was formally instituted.

An important feature of the mobile crèche is a well-developed system for monitoring the impact of its programmes through observation of participants' capacities. The social and cognitive progress of each child is monitored and recorded. Preliminary interpretation of this data indicates that the crèche is experiencing much success in enhancing the social and cognitive capacities of this hard-to-reach population of children.

In another project, in Delhi, CHILD-to-child activities are being implemented in 32 of the 1,500 schools run by the Municipal Corporation of Delhi (MCD). If successful, this pilot programme will gradually be extended to include other MCD schools.

The programme is implemented in standards four and five by classroom teachers. During a series of teacher-training workshops, a set of 14 activity sheets was developed which provided the basic curriculum materials for the programme. These activity sheets cover such topics as accidents, good toilet habits, environmental cleanliness, personal hygiene, good eating habits, care of the eyes and teeth, anaemia, diarrhoea and care of the sick child.

Teachers are given guidance and support in implementing this activity-oriented approach to teaching and learning. In addition to the training workshops, teachers' performances are observed in the classroom setting.

As a supplement to this programme, 14 schools have participated in an early childhood education (ECE) project. The ECE programme targets children aged four and five in the two years before they enter primary school. Using activity-oriented approaches to learning, the programme attempts to prepare children for primary school entry. The first graduates of the programme are now in standard one. Primary school teachers are being assisted to maintain the same activity-oriented approaches as the children move up through the schools. Given effective co-ordination, it is hoped that activity-oriented approaches to learning may be accepted by teachers in all standards as an innovative approach to instruction across the curriculum.

The degree to which the CHILD-to-child programme has been accepted by the school administration varies tremendously. In some schools, acceptance is immediately apparent. Walls are decorated with posters, drawings or charts showing the results of health surveys, and school compounds and toilets are clean. Classroom observations reveal a lively interchange of questions and answers between teachers and pupils. In other schools, the programme is an isolated activity that occurs at specific times and places. Little impact on the school environment can be seen, and teachers, complaining of unrealistic time-demands, revert to traditional teaching methods as soon as the CHILD-to-child activity is completed.

Children become little teachers in Botswana

The CHILD-to-child programme in Botswana has been designed to provide informal education for pre-schoolers while adding to the educational experience of older, primary-level children. Older children help prepare younger children for school entry and in turn enhance their own cognitive and affective development. Beginning in 1979 with two schools, the programme is now in operation in 28 schools. It is controlled by the Board of the CHILD-to-child Foundation of Botswana, which includes representatives from the Ministry of Education, local government, aid donors and the American Women's Association.

It started as a one-to-one outreach programme. 'Little teachers' drawn from standards one, two and three received two additional periods of instruction each week. Since 1981, the programme has shifted its emphasis from out-of-school to in-school activities. Pre-schoolers come to school several times each week, and each is paired with a little teacher. The work of the little teachers is divided between school and home. CHILD-to-child teachers hold a training session for the little teachers before each visit by the pre-schoolers. Although teachers are present during the in-school sessions for the pre-schoolers, their role is mainly organizational and supportive. Most of the instruction is given by the little teachers.

After the in-school sessions, the pair continues to work at home practising letters and numbers and learning simple songs and games. Sometimes the little teacher uses a worksheet prepared during the training sessions, but often the children write in the sand, using a finger. In the next training session with the CHILD-to-child teachers, the little teacher reports on the experience during these home lessons. Thus, demand for in-school activities for pre-schoolers is met while the original programme for the little teachers has been maintained.

Several factors have contributed to the shift in focus from the home to the school. CHILD-to-child teachers felt that the original approach did not allow enough opportunity to supervise the work of the little teachers. Furthermore, the organization of home-based programmes is likely to have caused problems that could be easily avoided by moving the activities to the school. However, parents' demand for formal pre-school education has perhaps been the most important factor in the recent shift. In Botswana, as in many other developing countries, the value of pre-school education has risen steadily over recent years.

In one of the schools, a programme has been running long enough for the first group of pre-schoolers to complete primary school. The Primary School Leaving Examination results in this school showed a sharp improvement in 1986, the first year that there had been former pre-schoolers among the candidates. Both the headmistress and the chairman of the parent-teacher association are convinced that the programme has led to this improvement. This success is largely attributed to the programme's ability to provide the pre-schooler with opportunities to explore the school environment gradually, making the difficult transition a positive experience.

A second advantage is related to the provision of one-to-one tutoring for the child, which is invaluable in the acquisition of the basic cognitive, psychomotor, and social skills. Finally, little teachers are important as 'communication facilitators', since pre-schoolers speaking local dialects are often misunderstood by adult teachers. Thus, given the increasing demand for early childhood care, the Botswana programme provides an exciting and profitable programming option.

Primary pupils in Jamaica

In a pilot CHILD-to-child programme in rural Jamaica, 100 children in grades four and five were given 30 one-hour lessons for a year on basic health care and child development concepts. They were taught the importance of immunization, proper dental care and appropriate food selection. They were introduced to major child development milestones and effective child management techniques. The information was translated into such activities as role-playing and group discussions. The children also learned how to make toys with locally available materials.

To assess the programme's effectiveness, parents completed a questionnaire. Their children's knowledge and practices were evaluated before and after the programme. No observable change occurred in the health or nutritional status of the pre-school children. However, results indicated that older children improved their knowledge of health, nutrition and early childhood development. Some of the health practices of these older children were found to have changed as well. Guardians improved their knowledge and encouraged children to play with younger children, but changes in adult caretaking behaviour were not found. One unanticipated effect of the project was on the teachers, who improved their own knowledge of child health and development. Thus, an important outcome of this pilot initiative was its overall impact on educational practices.

Child groups in Uganda

A group of private citizens concerned with the promotion of health education set up a CHILD-to-child programme in Uganda in 1983. Initial financial and logistical support was provided by UNICEF, and the programme continues today with assistance from the Bergen Schools Project in Norway. There are 20 to 30 schools in Uganda with a CHILD-to-child programme. Most of these are located in the city and surrounding areas, with a few found in isolated rural areas. The programme is relatively informal, and participation is voluntary. Students are recruited from standards five, six and seven, and receive instruction from classroom teachers.

The main focus is writing plays, songs and poems with health-related themes. There is also a half-hour radio programme every Saturday morning with materials prepared by the participating schools. CHILD-to-child themes are also presented through plays given at parents' meetings and common gatherings. The opportunity for participants to perform publicly is a powerful motivation that in turn enhances participant morale and commitment. The themes most commonly addressed include immunization, oral rehydration, nutrition and personal hygiene, with attention placed on the eradication of harmful traditional practices.

The communication of health messages is a central component of the programme. This occurs largely between a group of children and a group of respondents. The group-to-group mode contrasts with the one-to-one approach that often characterizes CHILD-to-child programmes. Proponents of the group-to-group method claim it is less stressful and more effective when children are trying to translate 'contradictory' messages to their parents. A drawback to this approach, however, is the tendency for adults to view the children's performances simply as entertainment, so that it has little impact on behaviour. Further investigation is needed to determine how an audience interprets these messages and to what extent they are internalized and acted on.

FOCUS: EARLY CHILDHOOD DEVELOPMENT

Women's work and child care

The survival and healthy development of children and the social and economic roles of women are two areas that have received considerable attention. Programmes have tended to focus either on enhancing women's economic activities or on the needs of young children. In most countries, however, poor women are overwhelmed by the concerns and responsibilities accompanying their dual role as both providers of care and generators of income. More recently, collaboration between these two perspectives has led to joint programming initiatives which simultaneously address the intersecting needs of women's work and child care. The following examples may offer some recommendations that will both advance the status of women and improve the quality of life for their children.

Day care flourishes in rural Senegal

centres are open from 8 a.m. until 7 p.m. and generally operate from one to three months during the year — when the rice crop is transplanted. Parents pay a fee in the form of cash, rice, oil or dried fish.

The centres operate under the Département d'Animation rurale, Promotion humaine. Community developers within the Department quickly saw that these centres could be used as a base from which a variety of social services could be offered. They began to offer training to community volunteers, adult education courses in nutrition, hygiene, disease prevention, water purification, and treatment for such diseases as malaria and conjunctivitis.

This programme provides an excellent example of ways in which a child-care and development centre has served as a catalyst and location for developmental activities that help the community at large and foster use of health and nutrition technologies. — *Judith Evans, Robert Myers and Cassie Landers, Consultative Group on Early Childhood Care and Development.*

Crèches move with families in India

The Mobile Crèche programme, operating 50 centres at any given time in New Delhi and Bombay, India, specializes in caring for children from one of the poorest sections of society — the children of migrant construction labourers. These centres take care of about 4,000 children every day. Mobility is built into the programme as a direct response to the special needs of thousands of families engaged in an occupation which takes them from site to site, building makeshift shelters near the work sites. The child-care centres are set up in whatever accommodations are available at a particular construction site — basements, tin sheds, unfinished skyscrapers or tents. When work at one construction site is completed and families of the labourers depart for a new site, the mobile crèche moves with them.

Begun in 1969 with the opening of one crèche in New Delhi, the programme was initially the charitable effort of two concerned women who provided a place for supervised play and rest periods with some food for children while their parents were working. Since then the programme has expanded to provide services for infants and young children of up to three years, for children aged three to six who enter nursery school (*balwadi*), and for elementary school children aged 6 to 12. In practice, however, the groupings are not rigid, and there is considerable freedom of movement.

Included in the programme's content is the provision of lunch or nutritious snacks and regular visits by doctors and treatment of diseases and malnutrition, including the maintenance of growth charts. Emphasis is also given to children's cognitive and psychosocial development. One of the goals is to prepare them for the formal school system.

Equipment is low-cost and locally provided. Culturally familiar materials are used. The paraprofessional day-care workers are trained on the job by a process of exposure, observation and participation, working under the guidance of experienced field workers who have some professional experience and ongoing training. Crèche workers receive salaries and are recruited from the local communities. Most are young women who may be part-time students or unemployed, although more recently, older boys have become interested in the programme.

Although limited in scale, the programme has consistently met its twin objectives of working for the development of the whole child while serving the needs of the working mother at her doorstep. Also, the quality of care has been shown to be excellent. — *Mina Swaminathan, Centre for Women's Development Studies, New Delhi.*

Home day care in Venezuela

A programme was established in Venezuela in 1974 to provide mothers working outside the home with access to child care. The system of home day care was an outgrowth of the natural forms of child care found in poor neighbourhoods. Day-care mothers, who had to be Venezuelan and at least 18 years old, were paid a small stipend (by the Government and mothers using the service) to care for groups of five or six children under the age of six in their homes for 12 hours a day. Care included health, nutrition and education in an established routine. Homes had to meet requirements for safety and hygiene. The programme equipped homes with some furniture and materials.

To develop and implement the programme, the Children's Foundation, a quasi-governmental organization presided over by the President's wife, joined with government agencies for housing, public works, health and social services, social security and nutrition.

Each day-care mother received training and was aided by a technical support team consisting of a social worker, health worker, and a teacher serving a group of 20 caregivers in each neighbourhood. A neighbourhood co-ordinator was each responsible for 60 homes.

According to a UNICEF-supported evaluation of the programme, "the day-care mothers provide the children with the necessary custodial care, are alert to their basic needs, abide by the stipulated daily schedule, know the norms governing the programme, have basic knowledge in the areas of health, nutrition, child development, prepare and serve meals, protect the children against dangerous situations, take care of the children's personal hygiene and give the children a home-like environment until the arrival of their mothers".

As might be imagined from the description, this particular version of day care was relatively expensive (less expensive to the Government than formal day care in large nurseries, but still expensive). At the time, Venezuela was benefiting from an oil boom and felt it could afford the costs.

Although the programme grew to include 1,260 day-care homes in 42 neighbourhoods in Caracas, overall coverage remained limited. Moreover, with a change of government, political backing for the home day care system disappeared and the levelling-off of oil prices created renewed cost concerns. Although some day-care mothers continue to provide services on their own, the programme as such, has died out.

While Accra market women are at work

The Accra Market Women's Association in Ghana set up a programme to care for children while their mothers were involved in buying and selling. A building near the market was refurbished with government help to serve 200 children under the age of five and a half.

Administered by the regional health officer, the programme has a strong health and nutrition focus. Mothers are encouraged to come to the centre to breast-feed. Children are provided with a morning snack and a full lunch. Children must have a physical examination and appropriate immunizations.

Once a month a public health nurse inspects the facilities, provides immunizations and completes children's medical charts. Good co-operation between the market women and supporting agencies has made this centre a success. The model is replicable, although coverage is focused on relatively few children.

CHILD DEVELOPMENT

Innocenti Centre starts work

UNICEF's International Child Development Centre (ICDC) in Florence, Italy, began operations last September, after ratification of agreements with the Italian Government. The centre is located in the Spedale degli Innocenti, a foundling hospital set up in 1445. Designed by Filippo Brunelleschi, the Spedale is one of the great architectural works of the early European Renaissance. UNICEF was invited by the Innocenti Board to locate the centre on the premises to help ensure that the building continues in its 500-year-old mission for children. UNICEF Executive Director James Grant chairs an advisory committee consisting of three other UNICEF staff, two nominees of the Italian Government and two nominees of the Istituto degli Innocenti. JAMES HIMES, Director of ICDC, reports on the centre's plans discussed at the committee's inaugural meeting last October.

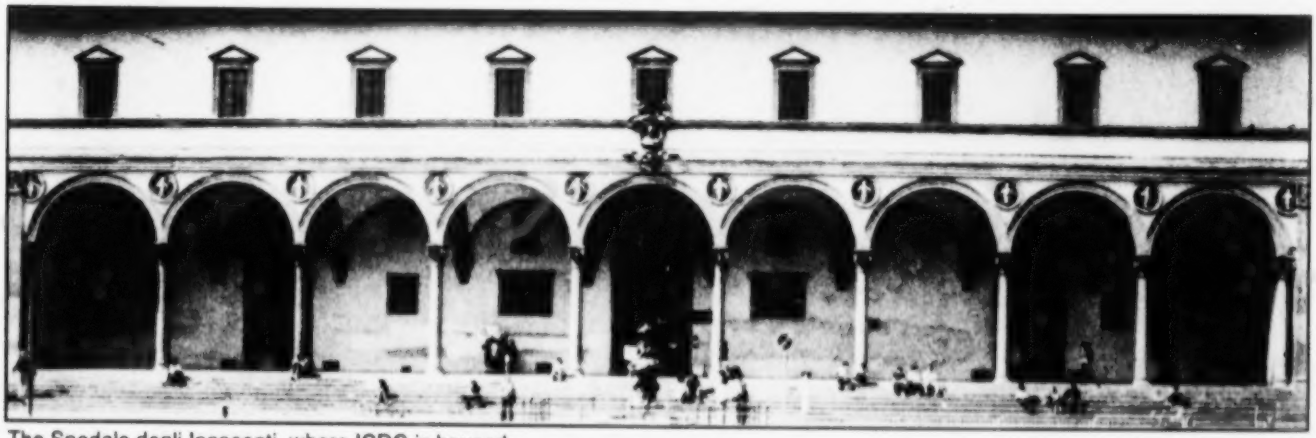
The International Child Development Centre will aim to become, in the next 5 to 10 years, 'a centre of inspiration' for learning about children. It will be a vehicle and voice for changing public policy relating to children, for scientific inquiry into 'how things can be made to happen' to benefit children, women and families, for narrowing the gap between scientists and decision makers, and especially for work on family-oriented, community-based models and policies for reaching full coverage of children in need.

The centre will concentrate on several areas during its first three years:

National capacity building for child survival and development. The centre will provide support through UNICEF field offices for national institutions to strengthen their own capacities to respond to the evolving needs of children. The centre will pay particular attention to encouraging and supporting researchers, trainers and practitioners in developing countries, and to fostering an exchange of ideas relating to the health, growth and development of children. Institutions and individuals will be encouraged to establish 'centres of excellence' or knowledge networks to serve as sources of expertise, motivation, training and guidance, especially in the areas of primary health care, maternal and child health and nutrition, and child development. The provision of training and study opportunities for concerned government officials and other leaders will be an important priority.

Another dimension is the exchange of experiences and collaboration at the regional and international levels through 'twinning' and 'networking' of developing country institutions with outstanding centres in different parts of the world. Work in this programme area has begun on an experimental basis in a few selected countries in Africa and will expand gradually to other countries. With encouragement from Finland, Italy and other donor countries, programme planning is already under way in Ethiopia, Kenya, Tanzania, Uganda and Zimbabwe. The national universities in these countries are to play a key role in promoting multi-disciplinary research, training and community support for child survival and development.

Economic policies and mobilizing resources for children. The centre will help intensify UNICEF efforts to document the impact of economic policies on vulnerable groups, to advocate the need and rationale for investing in human resources, and to help formulate appropriate policies for preserving and mobilizing additional financial resources for children, women and other vulnerable groups. Support for research and policy analysis will initially be focused on three topics, namely, the financing of public services in the areas of health, nutrition, education and water and sanitation during periods of economic decline; the nature and consistency of structural adjustment policies in sub-Saharan Africa; and child poverty and deprivation in selected industrialized countries. In its policy analysis, training and advocacy work in this area, the



The Spedale degli Innocenti, where ICDC is housed.

centre will help develop and present concrete and practical suggestions on ways to achieve a more rational and equitable allocation of existing resources and to mobilize additional resources for children. For this purpose, appropriate contacts will be established with donors, including the European Community and similar subregional groups, regional and other development banks, with the financial authorities in selected countries, as well as other groups such as parliamentarians, research centres and relevant non-governmental organizations. Training activities in this area of economic policies will concentrate on intensive seminars and workshops for carefully selected UNICEF staff, government officials and other professionals.

Needs of the urban child. The centre will first focus its attention on the comparative analysis of innovative approaches to problems of urban child abandonment, abuse and neglect which have strong preventive elements and also seek to strengthen family ties and community linkages, whenever possible. UNICEF-supported urban programme initiatives in Brazil, the Philippines and several other countries will form the basis for the initial policy analysis and field experimentation. It is also anticipated that several case-studies of significant urban programme experiences to benefit children in industrialized countries, including Italy, will be included in this effort.

Rights of the child. The centre's initial activities in this area will be to support UNICEF efforts to promote ratification of the Convention on the Rights of the Child and effective implementation at the national level. Seminars for national policy makers and leaders, as well as for UNICEF and other agency staff, could be used for this purpose. Publications aimed at legislative and professional leadership and responsible government officials may also be prepared. The centre will co-operate closely with concerned national and international bodies in these activities, as well as with UNICEF field offices and National Committees for UNICEF. The centre could provide an unusual opportunity for capacity building, both for UNICEF staff and for the other institutions with which UNICEF would need to collaborate in fulfilling its implementation responsibilities.

Experience and availability of resources will help determine which of these other areas will be included: early childhood care and development, operations research on child survival and development strategies, social communication and mobilization, and basic education.

Research and policy analysis are being undertaken in a number of ways — by the centre's own staff, staff from other UNICEF offices, specialists from collaborating institutions in industrialized and developing countries, and by senior resident fellows. An important dimension of the centre's work is to transform research findings and the results of policy analyses and innovative programme experiences into relevant training programmes. These will be directed at various groups, particularly UNICEF staff and their national counterparts concerned with the well-being of children. In order not to duplicate the work of university-based study programmes, courses and workshops at the centre will be oriented towards policy issues and problem-solving, generally of three to four weeks' duration and no longer than six weeks. The centre will offer fellowships of varying lengths of time to recognized experts working within the major areas of its activities.

CHILDREN CARING FOR CHILDREN

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through group as well as individual activities. Innovative teaching practices are acknowledged and encouraged through a series of programme incentives.

Programmes are most effective when they focus on problems that are salient and relevant to concerns expressed by the community. The programming structure must be flexible, to encourage possibilities of local adaptation and cultural adjustment to a changing array of child health care and developmental concerns. To overcome resistance in response to innovate teaching methods, teachers must be supported and creative initiatives encouraged through a system of rewards and incentives.

In the design of CHILD-to-child activities, greater attention must be paid to the set of cultural beliefs and traditional practices that for centuries have informed and instructed behaviour. Programme failure is often attributed to an inability to understand both the positive and negative attitudes, beliefs and practices of the intended programme beneficiaries. The challenge is to design activities that capitalize on existing positive beliefs and practices at the same time that they discourage those that may be harmful.

The emphasis on the child as an agent of change must be particularly sensitive to the set of cultural expectations with regard to the role of the child within the family. Children participating in the programme may express ideas that challenge and criticize existing values and practices. Parental ideas regarding 'protocol' for what a child should communicate to an adult are often rigidly defined by cultural values.

The long-term sustainability of CHILD-to-child approaches is threatened by a range of complex barriers and constraints, including the absence of financial and material resources, project fatigue, low levels of teacher morale and high rates of personnel turnover. The ability of programmes to overcome such barriers is enhanced when they have the active involvement and support not only of educators, health-care providers and community workers but also of policy makers and administrators.

In addition, children-caring-for-children programmes must be closely integrated with other ongoing programmes and institutions operating within the schools and community, including women's groups, child-care programmes, primary health care centres, and youth groups. A possible drawback to some school-based CHILD-to-child approaches is their treatment as a separate classroom subject isolated both by distinctive content and innovative teaching methodologies. In the long run, this isolation renders projects vulnerable to the withdrawal of resource support after the initial funding period. By contrast, the programmes that persist beyond an initial critical period are those that both enhance and strengthen existing curricula.

There is an obvious need to further document the multiplicity of benefits of the CHILD-to-child approach. Such investigations have been plagued by the same set of constraints confronting the evaluation of all service-oriented programmes. Implementing a programme evaluation strategy using both quantitative and qualitative techniques must become a priority.

FIELD VISIT

After the floods – disease and debts

In the aftermath of the recent floods in Bangladesh, few dramatic images remain for the media, but the struggle against disease and economic ruin is proving difficult for survivors. CHARLES RYCROFT, Programme Communication and Information Officer, UNICEF Dhaka, went on a field trip in October to Barisal, 70 miles south of the capital, and taped 12 hours of interviews with victims and relief workers, from which he has written the following account.

Back in the '70s, the 14-foot-high Satla-Baghda embankment was criticized as unnecessarily high to keep the salt water out of the paddy fields of southern Barisal. But last September, this five-mile section of earthwork in south-west Bangladesh proved just nine inches high enough for several hundred thousand people to live to see another morning.

Rina Madhu of South Baghda was there that night: "In the evening the water came suddenly, and by nightfall the water level was rising fast. We raised the beds on bricks but still the water kept rising. When we knew that our houses would be submerged, we set out for the embankment, carrying whatever we could with us — food, clothes, parts of our houses". One month later, Mrs. Madhu is still on the embankment, working with the several thousand refugees who have nowhere else to go.

Relief boats visit the embankment every day or two. They bring food and water — sometimes clothing, medicines and soap — but with the relief food have come unanticipated problems as well. Mrs. Madhu, herself a mother of two young children, recalls: "Whenever rice or *ata* (wheat flour) was distributed, the mothers boiled it with water to make a paste for those under one. But then came the *amasha* (diarrhoea), which affected about 80 per cent of the under-ones on the embankment'.

One month later, younger children are visibly malnourished and lethargic. Many have serious skin problems, and all have a glazed look in their eyes.

Prospects are bleak after the floods. (UNICEF/Dhaka/Rycroft)

Stress also affects the older children, who wander about the embankment, seemingly lost in their own thoughts. Mrs. Madhu has worked hard to organize a makeshift school, but the students clearly find concentration difficult. Their laughter and exuberance has disappeared, leaving only a tragic parody of a well-behaved class.

Meanwhile, the dramatic images of the disaster have faded from the national and international media. Families no longer cling to their few possessions on rooftops, nor do women wade through flood-water in a cruelly ironical search for drinking water. Nevertheless, Mrs. Shyamoli, an NGO worker, is very apprehensive about the coming months: "Even those who own land have lost their harvest and now have no money for seeds and fertilizers. Therefore, I believe disaster will come in the next six months. Besides water, food and shelter, the people need *work*, as well as medicines and food, for the youngest children especially". For the landless majority, there is no longer even very poorly paid day-labour in the fields. There seems little to do except get more heavily into debt.

With six months still to go to the next harvest, even relatively prosperous families are falling into the clutches of the moneylenders. Alamgir Hossain is one of many smallholders who would normally be bringing in the harvest now, with the help of his family and four hired labourers: "This flood has ruined me. I have a family of eight to support. When the harvest was lost, I took a 1,200-taka (about US$40) loan from the moneylender. The interest is 15 taka per month for every 100 taka, with a six-month repayment period. If I cannot repay from the next harvest, I will have to sell my house and the little land I have. Fifty or 60 people from our village took loans at the same rate of interest from the same moneylender. The maximum loan was 3,000 taka (about US$100) and the minimum 500 taka. I didn't have to give security as the loan was a 'white paper' agreement".

A 'white paper' loan is one which has not been officially stamped by the Government and is therefore illegal, although this offers little comfort to Mr. Hossain. Moneylenders are powerful in rural communities; they may not have the law on their side but

they have the muscle to recover their loans — or else seize housing and land. In Bangladesh, each year sees yet more smallholders becoming day-labourers on land they once owned.

The villagers of South Baghda have six months on their hands. Some talk of buying boats and becoming fishermen, but even the cheapest boat costs 1,500 taka (about US$50). Local banks are also putting together special loan schemes, but — with the exception of the Grameen Bank, which targets the landless — most of these schemes remain out of reach of those who cannot sign their names.

Some of the more imaginative NGOs have recently started paying cash to repair roads and clear previously flooded land of water hyacinth. One offers 5,000-taka grants for house-building, with beneficiaries contributing their labour. The funds being made available, however, are nowhere near sufficient.

Groups of work-hungry youths whiling away their days and nights in South Baghda provide no dramatic images for the media. But for the survivors, the next six months are likely to prove more hazardous than that first terrible night when the flood-waters swept away their homes and possessions and drove them up onto the embankment.

Many younger children suffer from skin diseases. (UNICEF/Dhaka/Rycroft)

IMMUNIZATION

Going house to house in the Dominican Republic

The Dominican Republic has increased immunization coverage of children and women of child-bearing age and reduced the incidence of vaccine-preventable diseases through a series of house-to-house campaigns started in 1983. A six-member team, led by SAMIR BASTA, Director, Evaluation Office, UNICEF New York, and JUAN AGUILAR, Senior PHC Regional Adviser, UNICEF TACRO, assessed this effort in May 1988. The following is a summary of its report.

The most outstanding characteristic of the house-to-house vaccination method is the mobilization and training of about 20,000 volunteer vaccinators and health promoters to administer oral and injected vaccines. The volunteers visited the homes and vaccinated the majority of children and women in two days in three annual house-to-house campaigns.

Between 1983 and March 1988, 18 such campaigns were carried out. Initially, only polio oral vaccine was given. After 1985, DPT, measles and tetanus toxoid vaccines for women of child-bearing age were introduced.

Official data indicate that, three years after the start of the campaign in 1983, there has been an increase from about 30 per cent to more than 80 per cent in immunization coverage against polio, measles and DPT of children under three years of age.

Tetanus toxoid vaccine was administered in two doses to more than 1 million women of child-bearing age at the end of 1985 and beginning of 1986, and coverage was reported to be over 85 per cent. Later, however, it was discovered that coverage had been overestimated because it was based on vaccine doses handed out to volunteers, not on those actually administered, because older children were also included, and because an inadequate and outdated census base was used.

Ministry of Health statistics for reported cases of polio, measles, diphtheria, tetanus and pertussis nevertheless have shown a dramatic decline since 1980. For example, only two vaccine-related cases of polio were reported in 1987 as compared with 146 cases in 1980. For measles, there were 9,760 cases reported in 1980 and only 499 in 1987. This represents a twentyfold decline in seven years. Similar, though less dramatic, reductions are seen for the other diseases. The one exception has been the incidence of tuberculosis, which actually increased slightly in 1987 as compared to 1980, and this may be due to the fact that BCG was usually only administered to children born in hospitals.

There is no way of knowing how comprehensive the reporting system is in the Dominican Republic; but if one assumes that the conditions for reporting the vaccine-preventable diseases have been similar throughout the past seven years, then we can

Oral polio vaccine was given first in the campaign. (UNICEF/Santo Domingo)

conclude that there has been a great improvement. We should also point out that the link between a decline in immuno-preventable diseases and the immunization campaigns is a casual one: There is no way of proving at the moment that the former is largely due to the latter, although we are assuming that it is. (The decline may, in effect, have been due to a rise in living standards, changes in migration and demographic patterns, better or worse reporting, and so on).

Notwithstanding these efforts, there were great difficulties and weaknesses in the calculation of coverage, due to an inadequate census base and insufficient age breakdowns. Problems regarding denominators may provide lessons for other EPI accelerations supported by UNICEF. In the absence of cluster surveys, the calculation by age-group of coverage should rely on up-to-date and correct estimates of population size in every major area of a country, especially where rural-to-urban migration is common. Another problem the team had in estimating coverage was that, before 1986, polio coverage was estimated on the basis of doses distributed and not those actually administered. Currently, coverage for polio is around 80 per cent, but for measles and DPT3, it may be as low as 32 per cent and 62 per cent respectively for the *under-one age-group*.

The experience of the Dominican Republic may serve as another model for other countries in their effort to achieve universal child immunization and the eradication of the transmission of wild polio virus by 1990.

Several factors play a significant role in this effort:

- high political commitment;
- the creation, in 1983, of a specialized project management team which was later integrated into the Ministry of Health administrative structure;
- intensive training, social mobilization and commitment of the youthful volunteers;
- improvements in the reporting systems for coverage and disease surveillance;
- extensive mapping and enumeration of the target population, a relatively benign topography; and
- the small size of the island.

More effort on the part of government towards better integration of fixed or regular EPI services and the campaigns would also increase coverage and enhance sustainability. Routine immunization services must be strengthened so that they eventually replace 'campaigns', which though useful may paradoxically weaken accessibility to routine vaccinations. This is what has happened in the Dominican Republic. However, in 1986 and 1987, measures were taken to strengthen the Health Ministry's EPI section and to give it complete responsibility for both campaigns and routine vaccinations. Integration is also making possible the country-wide use of BCG vaccinations for new-borns and the enhanced use of this and other vaccines in fixed health and maternity centres, given that tuberculosis remains a problem.

More attention to the needs of the volunteers and some beneficiary families is also required. The problems of transport, electricity, the smallness of incentives and dissolution of local committees may be responsible for a drop in coverage in the past two years.

Also, knowledge-attitude-practices (KAP) surveys must be repeated at regular intervals, and the sampling procedure carefully prepared. There is a level of high support among the population for the campaigns. A demand for immunization has been effectively created, especially with regard to polio, which may now be in the process of eradication.

This should be accompanied by a check on morbidity reports as well as knowledge imparted to volunteers during training. The Evaluation Office has also recommended that a cluster survey be undertaken soon.

Attention to the details of cost calculations, financial sustainability, accounting procedures, overhead costs and better targeting may also enhance the use and purchase of more cost-effective equipment and lessen appreciably dependence on external contributions.

The Dominican Republic is a small island of some 7 million people, but its attention to problems and innovative lessons may be of use to millions elsewhere.

STATISTICALLY SPEAKING

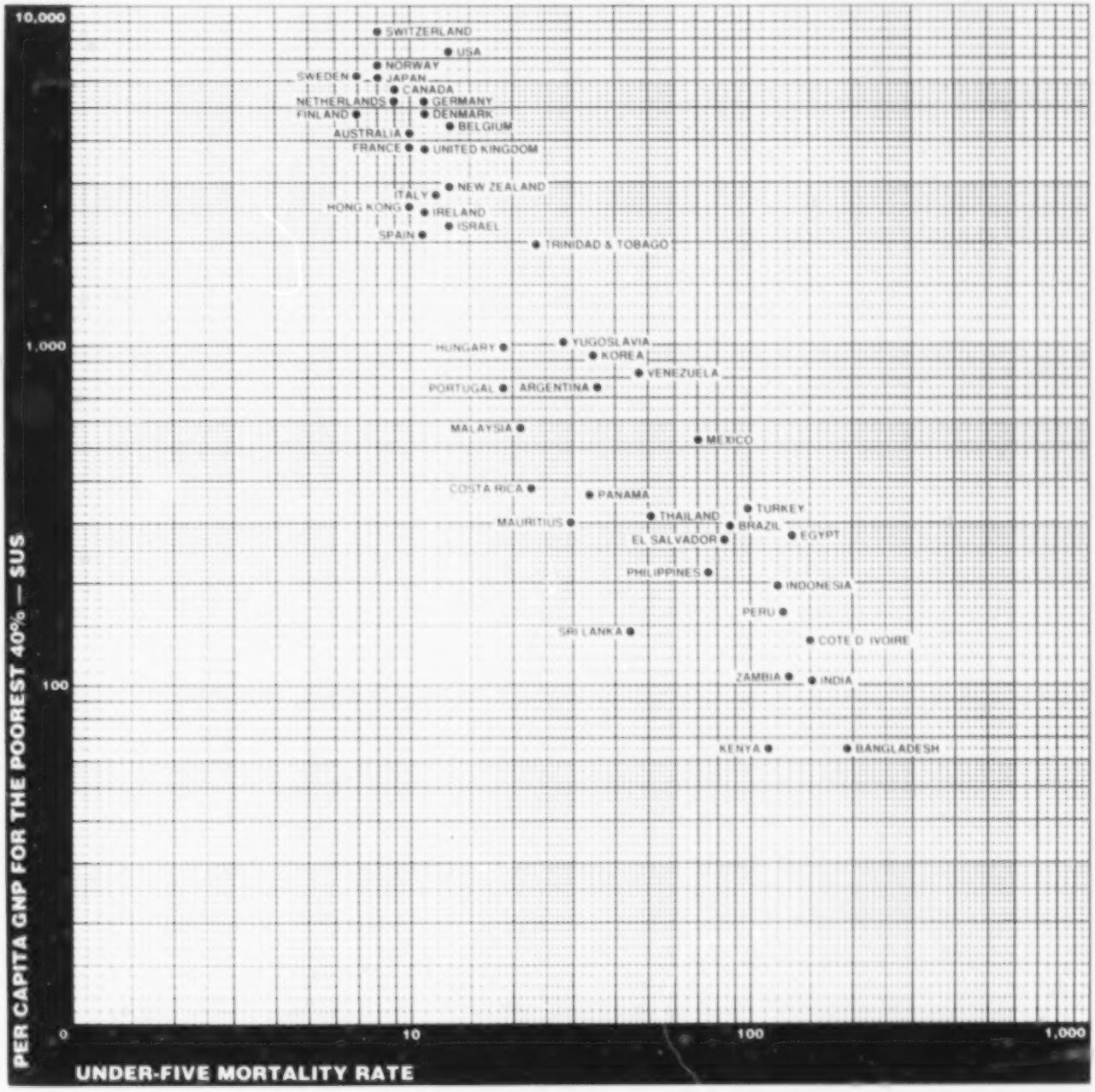
Health for wealth

National wealth and national health are not linked to each other by any fixed ratio. Some countries have been able to achieve high levels of health with relatively low levels of wealth — and vice versa.

Taking per capita gross national product (GNP) as an indicator of wealth and the under-five mortality rate as an indicator of health, LEO GOLDSTONE, Senior Policy Specialist (Statistics), UNICEF New York, has constructed a health-for-wealth league, which ranks countries in terms of the health progress they have achieved in relation to the wealth they have available.

Mr. Goldstone has further refined his comparison by considering the per capita GNP of the poorest 40 per cent of each country's population. "The unmistakable conclusion," he said, "is that health in a country is much more related to the wealth of the poorer half of the population — what I would call the real wealth of the population — than it is to the per capita GNP of the country as a whole."

The spectragram on the opposite page largely illustrates this conclusion by showing the relative health-for-wealth position of 46 countries for which per capita figures of the poorest 40 per cent of their populations were available.



The data are presented on a double logarithmic graph, in order to cover a wide range of values, both for GNP per capita and under-five mortality rates. A logarithmic chart provides decreasing space as numbers increase, and equal space is given to each of the units shown in the margins.

MEDICAL EDUCATION

Network attunes to community

Medical schools bear the primary responsibility for developing effective and scientifically based community health care, UNICEF Executive Director James Grant told the World Conference on Medical Education in Edinburgh last August. Yet, he noted, less than 1 per cent of the curriculum in most medical schools "is devoted to topics such as community health and broad-scale health education for those who need to know". He asked: "Is the medical community wise enough to make the hard choices now which would ensure its continuing leadership role in society's health in the 21st century - or will its inertia compel an underserved society to take education for health in the community into other hands?" INTERCOM features here the goals and work of the Network of Community-oriented Educational Institutions for Health Sciences, which seems to represent one effort to overcome such inertia.

A group of health sciences educators from various parts of the world met in Kingston, Jamaica, in 1979 around a common interest — educating health professionals in a way that is more attuned to the health needs of societies.

Each individual represented an educational institution experienced in and committed to relevant education. And so, with the support of the World Health Organization (WHO) and the Pan-American Health Organization (PAHO), the 'Network' was inaugurated, with the aim of providing mutual support and sharing this community-oriented educational approach with other institutions. There are now about 25 full member institutions in the Network and about 50 associate members. Network activities include a biennial meeting (in conjunction with a scientific symposium), task forces, student and faculty exchanges, and dissemination of information. A secretariat based at one of the member institutions, the University of Limburg in Maastricht, the Netherlands, serves as a co-ordinating centre for the Network.

Medical education and training institutions need to turn out health professionals and workers sensitive to the needs of communities. (UNICEF 2314/88/Demmers)

Students in Network schools, their teachers and the institutions to which they belong are tied together by the belief that education for the health professions should be more relevant to the health needs of the communities they serve than usually is the case.

The schools emphasize primary health care and stimulate their students to consider themselves not only as future providers of health care to individual patients, but also as advocates when local government should be convinced that a certain village badly needs good water supplies; as investigators when the causes of a sudden local epidemic should be discovered; or as educators because knowledge is an important tool for communities to take care of their own health needs.

These educational institutions stimulate self-directed learning by using instructional tools such as problem-based learning because they believe that the goals outlined above can only be attained by independent adults, aware of their responsibilities to mankind, trained to be lifelong learners, able to work under difficult conditions and with limited resources, and thoughtful users of expensive diagnostic aids.

In short, Network schools try to implant in their students, even if they pursue a career in tertiary care, an enduring sensitivity for human beings as human beings, the context in which these human beings live, and the role this context may play in the grief caused by illness.

The general aim of the Network is to provide mutual support to member institutions who wish to adapt their curricula to the health needs of the communities they serve.

There are five primary goals:

- strengthening of membership institutions in their realization of community-oriented learning and appropriate instructional methods;
- strengthening of faculty capacities

related to community-based education;
• development of technologies, approaches, methodologies and tools appropriate to a community-oriented curriculum, such as problem-based learning;
• promoting population concepts in the health services system and the curriculum; and
• assisting institutions in countries that have the political will to introduce innovations in the training of health personnel, with the ultimate goal to improve health care and to contribute to the achievement of 'Health for All'.

To achieve these primary goals, several additional objectives have been stated:
• Facilitating the development of curricula for health professions which help students become competent with the solution of health problems of communities as well as of individuals and families in a community context.
• Realizing health research programmes that include basic, applied and operational research relevant to health and health-care problems in the community served by the institution. Particular attention is given to strengthening health systems and epidemiologic research.
• Establishing relationships with health-care services and delivery. This linkage is intended to promote coordination between health-care services, health manpower development and the promotion of primary care.
• Describing and developing organizational and management strategies which maximize the achievement of institutional goals within the community setting.

The Network sees community orientation and problem-based learning as specific issues which merit particular emphasis at the present phase of evolution of education in the health services. As the needs for health care and the further development of health sciences and practices change, the Network will reconsider its priorities in the education of health professionals.

Additional information can be obtained from the Secretariat, The Network of Community-Oriented Educational Institutions for Health Services, University of Limburgh, P. O. Box 616, 6200 MD Maastricht, The Netherlands.

LETTER

More on production bonuses

Malcolm Kennedy's main objection to the production bonus system (INTERCOM No. 47, January 1988) is that Government could not sustain the project if UNICEF support were withdrawn.

First, bonus payments for good quality work actually reduce overall cost. Given tight finances in many developing countries, it therefore follows that these overall lower costs will be **more easily sustainable** by government while assuring that development targets are met. (Recall that in Sudan water project targets were never met in a decade of implementation from 1976 to 1986, yet plenty of UNICEF and government money was spent.)

We readily admit that there are many problems with production bonuses which have not been aired and these include:
• rushed work resulting in poor workmanship;
• the need for closer and better supervision; and
• a tendency to neglect maintenance and upkeep of equipment and particularly vehicles. These problems are being addressed to achieve sustainable results.

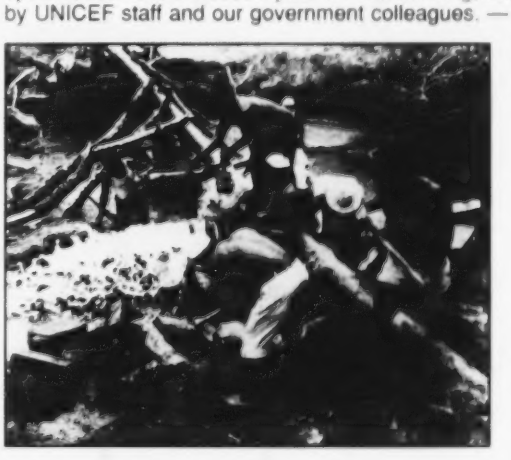
Production bonuses can be viewed as an 'easy way out' against mounting development difficulties faced by African countries. We submit that UNICEF and government must find and pursue more 'easy ways' to achieve targets such as those of the water decade if our objective to deliver potable water is to be achieved. Production bonus payments combined with community participation, communal ownership, women care-takers and mechanics are some of the ways we are approaching the problems in Sudan.

Add to this the **acknowledgement of the UNICEF Executive Board** that government salaries are rapidly deteriorating in Africa due to global financial trends (adjustment packages and indebtedness as well as high import costs and low prices paid for raw material exports) and the Board sanction that salary supplement payments by UNICEF may be necessary. The Board document (E/ICEF/1988/L.3 February 1988) further confirms that we are on the right track.

Sudanese civil servants working for the Rural Water Corporation receive the equivalent in purchasing power of only 17 per cent of what they earned 10 years ago, according to an ILO study (*Employment and Economic Reforms*, September 1986).

What if there were no production bonuses? Judging from similar projects and a previous decade of results, when we compare per diems and salary top-ups to production bonuses, we predict that our current achievements would be reduced by half. Similarly, if we stopped incentives altogether, the programme would drop to only 10 per cent of its current output, no matter how many scholarships and study tours were given to concerned government managers.

We think it would be disservice to the rural people of Sudan to allow production to slip back to previous levels and unfair to our donors if higher unit costs resulted. There are strong arguments for refining and expanding the concept of the production bonus system, but these of necessity call for new thinking, advocacy and a lot more hard work by UNICEF staff and our government colleagues. — *Cole P. Dodge, and Thomas Ekvall, Representative, Chief of Water and Environmental Sanitation, UNICEF Khartoum.*



There are many problems with production bonuses, but they can help achieve Water Decade goals.
(UNICEF 1037/84/Wolff)

COMMUNICATION

Time to see the picture

Artists and the visual media have always served as powerful encouragement for improvement in the appearance of society. What seems to be happening in the latter part of the 20th century is that the manufactured visual image has taken over as the most universal promoter of change. GEORGE McBEAN, Communication and Information Officer, UNICEF Kathmandu, highlights the visual potential in communication with non-literates. In an accompanying piece, he reports on research in progress in Nepal on the use of visuals among rural villagers.

In the past 20 years, words have been dramatically complemented by the visual image on a scale never before available: more television stations, more hours of televised broadcasts, widespread cinema, more photographic images which have been captured of our world. People with access to these forms of stimulation perceive the world very differently from those without.

In the sprawling shanty towns of the fastest-growing cities of the world it is common to find the most dilapidated housing bristling with television aerials. Young children born in these media-influenced environments learn at an early age to recognize images far out of their experience. There are triple-headed monsters from religious story books or demon space creatures from comics. There is also the latest explosion of foreign movies shown in cheap video parlours. Irrespective of family income, visuals on billboards and commercial advertising images in the urban environment stimulate a child's perception of the world. In many ways it can be argued that manufactured visual images are helping to create a new world, not so much through the planned and organized efforts of Governments and development agencies, but through the media's influence on the leisure time of those who receive its messages.

Those who are part of the television culture may know from visual images the variety of conditions in which people live on this planet, but they are also influenced by another set of images representing the 'better life'. The underlying message of these polished and finely constructed visuals is an invitation for everyone to join in with the affluent and make life better for themselves.

The visual media lead the way in creating our vision of the future, but the true scale of the construction necessary to provide economic opportunities and social improvement for the majority is left to our more practical individual initiative to sort out. As the world prepares for the day soon when cities will contain more than half the world's population, it may be worth while to consider where many of the new city poor will come from — the rural areas.

The rural areas of the developing world contain the last of the traditional and ethnic cultures. Here, beyond the reach of roads, electricity and regular media, urban problems of employment, economic uncertainty and poverty amid plenty are replaced by rural problems of isolation, lack of basic services, and reliance on nature more than mankind. Knowledge of life in one environment bears little relation to life in the other.

The urban young have problems in finding themselves a satisfactory future among the life-styles portrayed in the mass media. In rural areas, however, many skilful young villagers have problems visualizing anything other than their present life-style and work-load. Here school classrooms, if there are any, contain no pictures and health-post walls display faded posters perhaps even 20 years old.

The Grand Alliance for Children is producing new and exciting partnerships and an increasing number of concerned organizations and agencies are turning their attention to the rural areas where, in countries like Nepal, most young children die.

For all involved in communication with non-literates, the time is right to consider the positive role of visual images, both moving and still, and of the technically enhanced skills that produce them. If efforts to empower rural parents with knowledge of breakthroughs in science and technology are to succeed, the arts must be at the forefront. Only the culturally specific elements for creativity will change.

If a non-literate rural mother has spent the last 30 years without learning anything from a piece of paper, it may take some effort to convince her that something printed on a piece of paper could bear any relevance to her life. Visual aids need to be used in ways which will enhance picture understanding and provoke informed imaginative thought.

Comic strips are used to promote oral rehydration therapy in Nepal. (Instant Illustration, UNICEF/Kathmandu)

Gaining new insights into visual literacy

Which buffalo would you say is nearer the man?

A person looking at the picture in depth would see the buffalo on the left as being nearer the man. A person viewing the illustration only two-dimensionally would see the other buffalo as being nearer the man.

Visual literacy is a term used to describe the skill required to understand accurately pictorial representation in the print media. Past research in this area has established that people with limited exposure to pictures often have difficulty interpreting them. Research has also indicated the kinds of pictures people with low visual literacy are likely to understand.

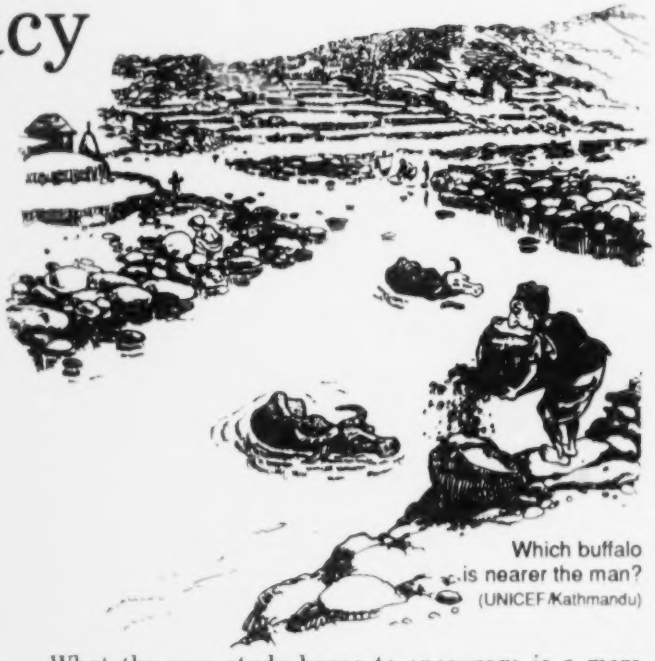
UNICEF conducted one of the first studies of visual literacy 12 years ago. Under the title 'Communicating with pictures in Nepal', the study showed that line drawings with the background removed were more easily understood by most pre-literates. Research currently under way in Nepal aims to further our understanding of visual literacy by examining how quickly pre-literate rural villagers can learn certain features of illustration, such as perspective, sequence, emotional expression and action.

In media-rich urban areas, these clues to picture understanding are picked up very quickly, and children can reach a sophisticated level of visual literacy despite low family incomes. Continual exposure to pictures and an informal learning process keep this skill alive and allow the young the chance to visualize a world outside their own environment, even before they can read.

In rural areas, however, isolation and lack of regular visual media stimulation has kept many villagers, especially women, in a state of such unfamiliarity with the print media that even pictures impart little stimulus because the individual elements are not recognized. This has tremendous implications for the production of visual aids and health teaching materials.

Despite increasing enrolment of girls in schools in Nepal over the past 12 years, about 80 per cent of women over 20 years old remain non-literate. The 1976 study aimed to increase the efficiency of teaching aids and the visual media, yet production of visuals over the past 12 years appears to have been insufficient in numbers to challenge levels of visual literacy. Illustrations for use nationally are often poorly drawn, making recognition difficult even among educated literates. Black-and-white photographs, where they have been used, have often been so badly printed that they have become unrecognizable.

Moreover, development agencies seem to have slipped into a certain design style for their visual aids which serves to keep viewers at a fairly simple level of visual understanding. Consequently, when confronted with a chance of learning new ideas and methods from visual aids, non-literate rural women have been, and remain, at a considerable disadvantage.



Which buffalo is nearer the man?
(UNICEF/Kathmandu)

What the new study hopes to encourage is a more widespread understanding of the specific learning barriers faced by pre-literate rural villagers. It also aims to give focus to the value of teaching picture recognition as a start to all face-to-face communications. By showing how quickly rural pre-literate villagers can be assisted to recognize a wider and more sophisticated variety of visuals such as comic strips and photo novellas, the study may help increase the potential for improved visual aids. Agencies and extension services should take on responsibility to help villagers understand all visuals and not just a simple style designed especially for them.

The study is being carried out by the Centre for Development Communications in Kathmandu, with support from UNICEF. More than 200 drawings will be shown to pre-literate rural villagers (mostly women) over a period of three months. About 500 villagers will be visited six times in the course of the study. Scores for recognition of each of the illustrations will be given and notes on perception will be recorded. After each session, half of the respondents will be taught how to understand the progressively more sophisticated illustrations. Figures and facial expressions will be pointed out as well as the way lines and tones make up a composition. Other respondents will simply be exposed to the illustrations.

The study will also look into the recognition and understanding of three types of video production. A videotape containing a locally produced drama, an animated cartoon and a documentary which all refer to oral rehydration therapy will be shown to non-literate villagers with little or no experience in watching television or video. Interviews guided by an informal questionnaire will then be used to observe understanding of elements such as scene sequences, action and character.

DEVELOPMENT EDUCATION

Preparing to teach the Convention

Among the innovations in the Convention on the Rights of the Child is the requirement that States make known principles enshrined in the document, not only to adults but also to children. It is the first time that children are being regarded as receivers of information. The teaching of human rights will constitute a new phase in development education, according to this report by ULRIKA PEPPLER, UNICEF Geneva.

There are several reasons why UNICEF is making it a priority in development education to inform and teach children about the Convention on the Rights of the Child. First, there is a need to mobilize public opinion after the Convention is, hopefully, adopted by the United Nations General Assembly later this year. At least 20 States have to ratify the Convention to make it legally binding. Some countries will only ratify if they feel that public opinion is in favour of the Convention.

Second, the Convention itself states that its principles shall be made known to children, a task that obviously falls under the mandate of development education.

Third, the Convention affects all children in the world. This implies a major change in the focus of traditional development education within UNICEF. From now on, development education workers, when talking about the Convention, have to be more attentive to what is happening in their own countries. Children's rights are threatened all over the world, not only in developing countries. Child abuse, neglect, curtailment of freedom of expression, discrimination and the drug problem — can we maintain that these issues are exclusively relevant to children in the developing world? No, we now have to face children's rights issues in our own countries. We cannot document the South while forgetting the problems of the North.

How, then, can we teach the Convention to children and youth? In countries with a centralized national educational curriculum, such as France, it might be very difficult to fit it into the syllabus. On the other hand, the French curriculum mentions human rights specifically, thus offering an opportunity. In countries with decentralized educational systems, such as the Netherlands, it might be easier to get a new subject into the social science class or into primary schools.

Another challenge is the teachers. What do they know about the Convention? Perhaps they have never heard of it. Even those who have been working on the Declaration on the Rights of the Child may be a bit muddled, for instance, as to the difference between a declaration and a convention. Teachers will need a lot of information and teaching materials.

In co-operation with the Italian Committee for UNICEF, UNICEF Geneva organized a meeting last year in Assisi among Committees concerned with children's rights issues. It was decided that a development education kit be produced jointly by the Canadian, Danish, Dutch, Italian, Norwegian, UK and West German National Committees and UNICEF Geneva.

The kit will contain eight teaching units, as suggested by the Italian Committee: identity and freedom of speech (with Canada taking on main responsibility for production); health, food and social security (UK); education, information, culture, artistic expression and play (Netherlands); family, adoption and social services (Federal Republic of Germany); equal opportunity and treatment (Italy); protection against violence and exploitation (Norway); war children and refugees (Denmark) and children and law (UNICEF Geneva). A separate introductory part will be produced in Geneva to explain the Convention, its context and the UNICEF position.

The kit will be adapted for use in school, with some parts written for teachers and others for students. It can, however, also be used out of school or for briefing, since it will provide a global approach to children's rights,

with discussion issues and case-studies. There will be case-studies, pedagogic advice, illustrations, photographs and other materials such as a cassette with international children's songs sung by children, and a film.

How can we hope to arouse interest in dry legal text? The Convention should not be taught as a subject in itself, but should be used only as a reference point in studies. We should talk about children's rights and start with issues here and now, in our own countries. Children's rights are continually being abused in all countries. The first concern of development education is not to teach the convention as such but to raise awareness and promote discussion on these basic values that our societies are in the process of legalizing.

An example of how one might be able to teach very small children is *The Magic Book*, a project of the Nordic Alternative Group. This development education group, consisting of National Committees for UNICEF and United Nations Associations in the Nordic countries, are planning to publish a book of myths and stories from all over the world, where basic human rights are expressed in a literary form. The book will be illustrated by Third World artists and will be published this year in the Nordic languages.

The Italian Committee has already launched several projects both in primary and secondary schools and started a series of debates involving local communities. The Committee stresses the importance of discussions, and teachers are encouraged to look at issues in the immediate surroundings of their students. A debate on the subject 'Who is a child?' can be launched in class, giving the opportunity to make a historical overview of the concept of childhood.

While studying children and the law, a lawyer or a judge could be invited to class, and contacts with social workers and policemen could be established. While looking into the subject of children and mass media, a study could be undertaken on the time and space dedicated to children by television and newspapers. Finally, the school itself could be examined. To what extent are children's rights respected in school?

NEW PUBLICATIONS

Catalogue lists water and sanitation products

UNICEF has published a new catalogue entitled AQUA PLUS: Appropriate Technology for Water Supply and Sanitation in Developing Countries. It consists of annotated lists of materials supplied by UNICEF to government programmes or purchased for other organizations through the UNICEF Supply Division.

The publication was prepared in consultation with the World Health Organization, the World Bank and the International Water and Sanitation Centre (IRC). Paul Bayer, the author, is chief of the engineering section of the UNICEF Supply Centre in Copenhagen, Denmark.

AQUA PLUS presents specifications and equipment information selected from over 500 product catalogues, manuals and other documentation. Consisting of more than 1,000 pages, it is divided into 14 chapters dealing with equipment required for implementing of water supply and sanitation projects: surveying, drafting, drilling, development, digging, pumping, storing, distributing, segregating and environmental sanitation. These are supplemented with chapters on transport, camping, tools (particularly maintenance tools) and training and teaching aids.

The chapters, laid out to assist in project formulation and selection of equipment, contain specifications, illustrations, unit measures, budget prices, and, where applicable, selection and job guides. Items are alphabetically indexed. The volume is made available in a four-ring binder.

UN staff may order AQUA PLUS from UNICEF Supply Division, UNICEF Plads, Freeport, DK 2100 Copenhagen, Denmark.

For others, the guidelist can be obtained at a cost of US$110, which includes surface mailing, from: IRC, P.O. Box 93190, 2509 AD, The Hague, The Netherlands.

Action on abused and neglected children

UNICEF is beginning to help set up or expand East Asian networks on child labour, street children, children in emergencies and in situation of armed conflict, and to support the Convention on the Rights of the Child.

Such initiatives were among the recommendations made at the second Asian Regional Conference on Child Abuse and Neglect held in Bangkok last February. A 112-page report of this meeting was recently released and is available from UNICEF EAPRO, Bangkok.

Regional Director Ahmed Mostefaoui said the report should be widely distributed to government agencies and non-governmental organizations concerned with children in especially difficult circumstances.

The publication also contains six case studies — India, the Republic of Korea, Malaysia, Nepal, the Philippines and Thailand — and a summary of group discussions on working, abandoned, abused and exploited children.

According to Mr. Mostefaoui, the report and the conference "have helped to provide a solid base" for initiating and expanding UNICEF programming on such issues in Asia. — *UNICEF EAPRO, Bangkok.*

FUND-RAISING

Spider-Man watches over trick-or-treat

The Amazing Spider-Man, the Marvel Comics character, helped 3 million children in the US to have a safe and enjoyable Halloween 'trick-or-treat' for UNICEF. The National UNICEF Day campaign, organized by the Unites States Committee for UNICEF, was chaired by Bob McGrath of *Sesame Street* and featured rock star Pat Benatar, teen-age actress Tami Erin and Paddington Bear. At end-1987, the Halloween campaign had raised US$85 million for UNICEF since the tradition started in 1950.

Children helping children — Spider-Man at UNICEF House in New York with schoolchildren.
(TM & © 1988 Marvel Entertainment Group, Inc.)

SPECIAL EVENT

Calypso gives boost to children's rights

Top Calypsonians and other singers, musicians, dancers, actors and poets took part in 'Give Them Freedom', a multi-media event held in Barbados to mark United Nations Day in October and to rally support for the Convention on the Rights of the Child, expected to be adopted by the United Nations General Assembly later this year. Funds were also raised for children's projects in the region, including Jamaica, hit by Hurricane Gilbert last September.

The Caribbean Broadcasting Corporation, one of Barbados' local radio stations, covered the show live. A video production will be circulated in the Caribbean and elsewhere.

The evening's presentations included those on the child, youth, the disabled and women, each underlining children's rights to protection, education and freedom of expression. The last part of the show entitled 'Struggle against Apartheid', consisted of a dance and a slide presentation and preceded the finale, 'Give Them Freedom', written, produced and donated to UNICEF by Spice, Barbados' top band.

Some 50 disabled children attended the show, thanks to the Rotarians of Barbados who sponsored them. The remaining seats were sold out. In addition, local sales of the record 'Give Them Freedom' are expected to total BD$16,000 (US$8,000).

Dame Nita Barrow, Barbados' Permanent Representative to the United Nations, supported the event. In an interview recorded in New York and broadcast by CBC-TV in Barbados, she said: "You cannot talk of the rights of the child without looking at the role of adults, because we are thinking of children in the vulnerable age groups. They need freedom to have education. They need freedom for parents to be able to provide adequate housing, nutrition and health care".

The Convention is being backed widely in the region. In Grenada, UNICEF briefing kits were used for radio broadcasts during Child Month in October, and NGOs have signed a statement of support. In Trinidad, the Caribbean Association for Feminist Research and Action (CAFRA) issued press releases highlighting the Convention during the month of Awareness of Domestic Violence in October. And the Caribbean Community Secretariat (CARICOM) has offered assistance in disseminating the Convention and building support for its adoption and application among Governments of CARICOM countries.
—Chika Saito, Assistant Programme Officer, UNICEF Barbados.

END

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Date Filmed

March 29, 1991